

The New York Medical Times

VOL. XIX.

NEW YORK, OCTOBER, 1891.

No. 7.

ORIGINAL ARTICLES.

REST.

BY EGBERT GUERNSEY, M. D.

EVERY summer, the ocean steamers are crowded to their utmost capacity with thousands of our citizens who seek in foreign travel, recreation, instruction and rest. The three so-called learned professions are amply represented in the old, the young, and the middle aged, in this tide of travel. Many of the tourists know scarcely anything of the beauties, the grandeur, the agricultural wealth of their own country. The magnificent forests, the valleys and deep canons, the beautiful landscapes, the mountain ranges before which the Alps of Switzerland hide their heads, are all forgotten or unknown in the thirst for travel among old civilizations in the cities and valleys and mountain regions, which have been crowned with the laurels of legend of song and story. If the object is a certain kind of recreation and instruction, the time is undoubtedly well employed, and a visit to Europe by every one who has the time and money to spare, not simply for rest, for there is often but very little rest on the trip, but for instruction and recreation, is certainly an advantage to be highly commended.

The habit so common for the medical student, who has graduated at our own medical colleges, to start directly for Europe to study in foreign hospitals and under foreign professors before entering upon the active duties of the profession, is considered by those who have given the subject the most careful attention, to be unwise and full of danger. The hospitals in Germany and Austria most frequented by our students are government institutions, and the professors under government pay. The patients are from the poorer and sometimes the lowest class of the community, and are sent by the authorities in herds to the hospitals where they are treated more like brutes than human beings. They are so many physical machines to be cut and carved and dosed with medicine at the will of the physician and surgeon in attendance. There is an entire lack of that delicacy of manner, of the kindly words and looks of sympathy everywhere seen in our own public and private institutions. A student receiving his first lessons in clinical practice from such instruc-

tors is very apt to copy the manner, the tone and often the brutality of these men whose names stand high in medical literature. Aside from all this, each professor has his own special hobby, and as a general thing they are not what we on this side of the water recognize as thoroughly educated men. Very few of them can speak English, and while they have read everything upon their specialty written in their own tongue they are entirely unfamiliar with the scientific works of English and American writers, except so far as they have been translated into German, which is very seldom the case.

The German teachers lack that general knowledge, and run too much in the groove of their own hobbies to make them safe instructors to those who have had no professional experience in the sick room. Later on in life, when the young physician has seen hospital life at home and enough of practice to be able to form his own judgment of theories and practice, a period of study in foreign institutions will be of great benefit. There are always hangers on about the hospitals and lecture rooms, men, and women, fully up in every department of physical examination, and who will tell you to a shade the peculiar methods of the great teachers, and so far as physical examinations are concerned, will give much more satisfactory instruction than the professors themselves. The American student is seldom sufficiently versed in the niceties of the German tongue to enable him to derive much advantage from the public lectures, while attendance upon small classes in the various specialties is much more profitable.

The scientific world is undoubtedly under great indebtedness to German specialists. Their daily bread assured to them from governmental pay, a lifetime is often devoted to unraveling some scientific problem, making clear some great truth in physiology and pathology, bringing to light some wonderful combination in chemistry suggestive of the possible, which English and American physicians seize hold of and utilize in therapeutics with brilliant success. The great triumphs of the German specialists are in the laboratory and the work-shop with the microscope, the spectroscope and chemical combinations, bringing to light truths which are often mixed with so much theory that they fail to utilize them, but which are quickly caught up by the English speaking physician and assigned their proper place in the field of therapeutics. German surgeons, following for a life-

time a particular line of work, become skilled operators in their specialty, but their work is strictly German work and their line of thought, unless they are transplanted to some other country and come in contact with other minds, German thought, and for this very reason the German specialist is by no means the safest guide to the young physician just commencing his profession. In obstetrics and gynecology, for instance, while many excellent points can be obtained from teachers in the hospitals of Berlin and Vienna, in all the details of the work they will not compare with those in America and England.

The idea of a student starting out, on entering his profession, as a specialist, is a very erroneous one. Each department of our profession may be studied with specialists after the college course is finished, for which the post-graduate course and prominent specialists in all our great medical centers offer every facility, but the student is entirely unprepared to devote himself to any specialty as his life long work, until he has had several years of general practice and learned the influence of one organ upon another, and the disturbances which often arise from reflex action.

While the young man fresh from his literary and scientific studies finds instruction and amusement and even rest in Europe, the professional man, I mean the physician, if he gravitates, as the studious thoughtful physician is very apt to do, to the universities, the hospitals, the clinics and private classes, finds his work about the hardest he has ever experienced, and comes back to his winter toil with some new ideas perhaps, possibly richer in experience, but he feels that his colleague, who has spent his summer among the hills and mountains and lakes of his own country, or who has mixed a great deal of fun and pleasure with his foreign trip, is stronger physically and enters upon his work with greater zest than himself.

Mental and physical rest is best obtained not by that inertia of the mind, which shuts out thought and makes life a kind of vegetative existence, but the throwing wide open the vestibule of the mind so that it can receive and comment upon scenes and events as they pass in almost endless succession, each suggestive of a thought, a scientific or historical fact, or bringing out into clear light from the storehouse of the memory recollections of incidents and facts from the world of literature, and art and science from a life time of reading, of observation and comment. In that lazy life every person one meets and every passing event to one determined to be happy, gives something of zest to life and makes the hours pass pleasantly. Of course the surroundings should be pleasant, the company agreeable, the air pure and the water good, and with all this, on the farm, by the seashore or among the hills and mountains, the man, woman or child must be hard to please who does

not find in a summer outing, rest, pleasure, mental and physical strength.

There are so many places full of beauty and interest that it is sometimes difficult to choose which holds out the most attraction and where a few weeks can be spent to the best advantage. In an idle hour seated on my piazza towards the close of July, I had been reading with fresh zest "Sam Slick" and "Evangeline." Sam Slick was a reality and the country in which he lived and the people, who formed the web and woof of his stories, must still be full of interest to the idle pleasure-loving tourist. In Evangeline I knew the sweetest of American poets had thrown the glamor of poesy with all the brilliant hues of his own imagination around an event, which stripped of romance and viewed in the cold clear light of history, is seen as a measure of absolutely necessary justice, for in spite of forty years of forbearance, the Acadians persisted in their deadly enmity of the country, whose subjects they were and against which they sided with their own countrymen, the French, and with the Indians in their repeated bloody attacks. But still the eye of all who have lingered over the immortal poem sees in imagination the forest primeval, the shop of Basil the blacksmith and Evangeline walking in the cool of the evening beneath the trees and along the green meadows of the valley of Grand Pre, and for generations to come tourists will direct their steps to the home of Evangeline. The disappointment which they will find there will be more than recompensed in the life and the beauty of those maritime provinces of the Dominion of which we know so little. The bays and inlets are still the home of the mackerel and the cod, the brooks and rivers thronged by the speckled trout and the luscious salmon, and the forest primeval still fills the air with the balm of life as it breathes through the foliage, distilling from its balsams their fragrant germ destroying odors. It is undoubtedly the presence in part of the balsamic trees which are found everywhere through these provinces that make in certain localities hay asthma and other diseases dependent on vegetable germs impossible. In New Brunswick on the Passamaquody Bay, which is really a part of the Bay of Fundy, separated from it only by a long narrow island, a peninsula juts out into one of the most beautiful island-dotted bays in the world. At the extreme end of the peninsula slumbers the old town of St. Andrews, one of the oldest in America and at one time the seaport of Canada, and still presenting a beautiful picture in its quiet dreamy restfulness as seated on the broad breeze-swept piazza of the *Algonquin*, on the elevated ground back of the town, the eye wanders over the roofs of the village to the far distant wooded or cultivated hills, taking within its field of vision the deep blue water, the white sails, the islands and the fleecy clouds floating through the

air. At night as the waters flash beneath the silver rays of the moon, or are thrown into shadow by the passing clouds, and the music floats out from the parlor upon the still air, the scene is one of enchantment which will never fade from the mind.

As I walk or sit hour after hour upon the broad piazza in the cool, life-giving air, forgetful of care, the old tired feeling of brain and body seem passing away and the mind works out intuitively, in its lazy observations, the problems of life and health by which we are surrounded.

It is said there are no heavy fogs here, no malaria, no hay fever and no other trouble which has its origin in vegetable germs. As we take our early morning walk from end to end of the long piazza, we see a great bank of fog hanging over the Bay of Fundy, but notice that the long, narrow island, which separates that bay from us, acts as a barrier and prevents its progress, except as it rises in clouds and floats above our heads. But the most interesting problem is the entire freedom of this locality from every form of malaria and hay fever. The village doctor says he has never treated a case of malaria here, and I have seen, in the few days I have been here, case after case of the most violent form of hay asthma disappear within forty-eight hours. The running of the eyes and nose, the difficult breathing, the disturbed heart's action, the agonizing expression of countenance seem to fade away and disappear like the fog before the sun.

In the light of the recent discoveries of chemistry, the solution of the problem is not a difficult one. Mr. Kintzner, a distinguished English chemist, found by passing a current of atmospheric air or, still better, oxygen through turpentine and water, the atoms of turpentine were broken up and the molecules rearranged into *per-oxide of hydrogen, camphoric acid, thymol* and one or two other compounds, all of them among the most efficient antiseptics yet discovered. To the liquid thus formed was given the name of *sanitas*, now everywhere used in hospitals and the sick room for its disinfectant and antiseptic action. The whole of this country is filled with balsamic trees, the fir, the spruce, the pine and the hemlock. The air sweeping in from the ocean is, of course, perfectly pure, while the land breeze passes over and through the foliage of an innumerable number of balsamic trees and distills from the balsams those antiseptic agents, the *per-oxide of hydrogen, thymol* and *camphoric acid*, which renders the very air inhaled into the lungs germ destroying antiseptic, and the membrane of the nose, the eyes and lungs, asceptic.

Hay asthma is, undoubtedly, primarily a neurosis occurring periodically. The nervous system is in such a condition that the membrane is quickly affected by the pollen of plants, but if the at-

mosphere is rendered antiseptic, as it is all through this country, there can be no poison and consequently no hay fever. No matter if the room is filled with flowers the membrane itself has been rendered asceptic by the antiseptic air which is constantly passing over it. What is true of this particular portion of New Brunswick is undoubtedly true of a large portion of the maritime provinces. Certainly there is no more beautiful country than the valley of the St. John through which we pass on our way to the St. Lawrence, and which reminds us in the beauty of the scenery and the richness of the farms of the valley of the Mohawk. As we pass the Grand Falls where the river, rushing through a narrow gorge, makes a perpendicular plunge of seventy-three feet, we enter the French county of Madawaska and find ourselves suddenly transferred into what seemed a portion of Normandy in the reign of Louis the Fourteenth. Here along the banks of this beautiful river the Acadian farmers found rest in their wanderings after they had been removed from the valley of Grand Pre, and here around the great churches in the little hamlets and the fields sloping down to the water, reproduced the fields of flax, and oat, and barley, and peas and the orchards of fruit trees of their old Acadia, and clung in this new old France to the traditions and life of the old Normandy home of their ancestors of centuries ago. In the quiet, peaceful beauty of the surroundings, in the simplicity of the homes there is a freedom from care and trouble and a restfulness which brings before us in all its lights and shadows Longfellow's dream of Acadia. If, in passing through the cultivated farms and quiet hamlets of Madawaska, we find ourselves transported to an old life and civilization of centuries ago, what shall we say when, embarking on a Saguenay steamer at the River de Loup, we cross the St. Lawrence and find ourselves at the entrance of a mighty river whose deep black current, from a mile to two and a half miles in width, draining a large extent of territory, pours its mighty volume of water into the St. Lawrence through a stupendous chasm, torn by some natural convulsion of the earth when the whole globe was rocked with mighty forces, sixty-five miles through the high Laurentian hills which cover hundreds of miles of territory. These Laurentian hills, we are told by geologists, was the first land which appeared above the waters in the dawn of creation, and as our vessel moves slowly over the dark river we look out upon the *mamelons* or great sand mounds, rising to the height of a thousand feet, and note as they run down from terrace to terrace the succeeding geological beaches in those ages when the crust of the earth was hardening and shrinking and assuming form, where as yet neither vegetable or animal life existed.

In 1647, Jaques Cartier, a missionary from France, erected a little church at Tadousac, which

is still seen at the mouth of the Saguenay, one of a chain of missions stretching through Canada and down the Mississippi, for the conversion of the Indians. But the Indians, whose battle-ground was around the mamegons of the Laurentian hills, were of an older race than those who came to convert them, holding aloft the symbol of the cross, for their traditions went back beyond the Indo, Chaldean, or Semitic races, and the symbol of the cross was carved upon their altars, as a symbol of happiness, ten thousand years before the Romans made it a symbol of shame and the Christians one of suffering. The Indians of the Algonquin-Lenape families and a few other Indian tribes, as is evident from language, tradition and customs, are part of the old Iberian race, a remnant of which still remains in the four or five hundred thousand Basques now living among the mountains of Spain with their own government and a language probably the oldest in the world. Winchell says: "These Iberians spread over Spain, Gaul and the British Islands as early as 5,000 B. C. When Egypt was in her fourth dynasty, this race had conquered the world west of the Mediterranean."

If the theory of Ignatius Donnelly is true, brought out in his wonderful book "Atlantis," with a strong traditional, historical and scientific support, of a vast island continent in the Atlantic ocean, the birthplace of the human race and for ages the center of civilization, of which the Iberian race was a colony, then the Algonquin-Lenape Indians of the north, as is indicated by the similarity of language and traditions, spring from the same stock whose root was in the island of Atlantis. As our steamer passes Tadousac and turns its prow up the St. Lawrence we take a last look at the mighty river, whose waters, so black and still, are like the river of death, at the Mamegons piercing the sky in solemn grandeur now, as when they stood alone looking out upon a world covered with waters; untold ages have passed and still they stand as monuments of the time when God began to separate the seas from the dry land. As our steamer slowly moves up the mighty river which carries the waters of the great lakes to the ocean and opens a water communication to the heart of the continent, we stop as long as it pleases us at the historic city of Quebec, wander through its old streets, from its citadel and promenade look out on a view of hill, and mountain, and river, and islands, and city, and cultivated farms, and gardens unsurpassed by any in the world. Resting again at Montreal we shoot the Lachine Rapids and turn our steps homeward through Champlain and over the crystal waters of that gem of beauty Lake Huron.

In our trip of nearly a month, though we have not stood for hours in picture galleries or beneath the arched roof of old cathedrals, there has been a beauty, a charm, a restfulness in the lakes, the

woods, the rivers, the pure air, the landscapes smiling in beauty or rugged in grandeur, which has harmonized with our mood, freshened the mind, strengthened the body, and left impressions of pleasure the remembrance of which will often come back to us with their soothing influence.

WHAT CAN BE DONE FOR THE INEBRIATE?

BY EGBERT GUERNSEY RANKIN, A. M., M. D.,
NEW YORK.

RECOVERY from habitual drunkenness though occasionally observed is the exception and not the rule. The habitué left to himself in the great majority of instances sooner or later becomes a moral and physical wreck—the rapidity in which he succumbs depending upon the extent of his excesses, his surroundings and constitution. Alcoholic inebriates may be divided into three classes—first, those in whom there is a predisposing heredity; second, those in whom the habit is willfully or thoughtlessly acquired by evil association or self indulgence; third, those in whom there is an emotional or physical element as an exciting factor, where some great misfortune has changed the tenor of the patient's life—such as sorrow, loss of health or loss of property, in short sufferings of any kind either physical or psychical. A recent writer on this subject has tersely remarked, some are born to drunkenness, some achieve it and some have drunkenness thrust upon them.

The relation of heredity to the etiology of alcoholism is now admitted as an established fact, but the extent to which this principle should be applied is by no means so. This question naturally leads to that of a kindred nature in regard to the criminal classes and its over zealous application is fraught with dangerous and illogical conclusions.

It is a question for the psychologist and medical jurisprudist of the future to determine how much hereditary and neurotic taint have to do with the production of inebriety and crime. This much we do know that there is a class of inebriates who have sprung from a line of ancestors more or less addicted to the inordinate use of alcoholic stimulants, or in whose families there is some hereditary neurosis.

The second and third classifications not only comprise the larger proportion of alcoholics, but also furnish the primary elements which in due time give origin to heredity, for even in those cases where there is the strongest hereditary taint, if we go back far enough we will find ancestors free from alcoholic excesses until in tracing down we come to those who in succession have acquired the appetite and thus engrrafted it on their posterity. These conditions develop the progenitors

of an alcoholic line which may appear in any grade of life, but more especially from the natural course of events and surroundings is more common among the lower ranks of society, where it brings forth a progeny which fill the hospitals and prisons and spread general ruin and desolation in its wake.

With an etiology so complex it is manifestly unreasonable to expect to abolish the alcoholic appetite by medication. Not only has no drug or class of drugs been discovered to accomplish this end, which doubtless would be one of the greatest blessings to the civilized world, but at present there seems to be no indications that such a discovery ever will be made. Where habit, disposition and association play such all important parts, direct therapeutic measures sink to secondary importance, for these conditions are not under the control of medicines. We must look far beyond the giving of drugs, to the field of preventive medicine, medical jurisprudence and psychology, plant the seeds which will bring forth fruit in the future, and endeavor to eliminate the conditions which not only produce inebriety, but still further develops and expands its power.

How, then, can the habit of drunkenness be abolished and the appetite controlled? There are three plausible theories in which it seems this end may be attained and which we present for consideration:

First. The forcible restraint of the inebriate.

Second. Moral suasion and voluntary restraint.

Third. Education and preventive legislation.

The absolute discontinuance of the manufacture and importation of all alcoholic stimulants would, of course, bring about this result, but such a course is both impracticable and impossible, and its discussion is out of the scope of this article.

The first remedial measure mentioned, namely, forcible restraint, is one which embodies the only hope for the advanced confirmed inebriate. In all such cases, whether or not there is a hereditary tendency, the individual becomes an irresponsible person—the will power is gone, all power to resist the morbid craving is gone. He has no more power to control the appetite, which he knows may eventually cause death, than a man half dead with thirst has power to refrain from drinking a draught of water, or a starving man from satisfying his hunger. The whole nervous system has undergone a change. Another, but perverted, sense has been created, one which demands satisfaction regardless of any conditions or circumstances. When a person of position, intelligence, and culture, and in possession of everything that can make life attractive casts all to the four winds of heaven for the sake of drink, can such a one be deemed other than mentally diseased? The same applies to those less fortunately gifted and less

happily placed in life. Those who, by giving away to their appetite, persistently make the hardships of their condition more unendurable and the pangs of their poverty more bitter, and for whom the doors of the workhouse and prison stand open.

In cases such as these, forcible incarceration in a proper institution under medical care presents the only hope. There should be hospitals or asylums for the inebriate under the care of the state the same as for those suffering from other forms of mental alienation. The state should erect pavilions and enact laws for his committal to such institutions in the same or similar manner as for committal to the state insane hospitals.

Unfortunately at present the statutes do not recognize the confirmed alcoholic except when he commits some grave offense against the laws of the land, when he is judged and condemned as a malefactor according to the nature of his transgression.

By the institution of proper laws in regard to inebriety many lives have been saved and much suffering and unhappiness abated. Moreover, the mere existence of such laws would doubtless produce a salutary moral effect, for if a man, who was on the borderland of confirmed inebriety, knew that by the testimony of suitably appointed physicians with the approval of the court he could be confined for a longer or shorter time as an irresponsible person, he would, doubtless, possess an extra incentive in resisting his appetite.

The second remedial measure, moral suasion, applies to a more hopeful class of alcoholics—those in whom it is possible to awaken a sincere desire to recover and who are truly willing to make a brave effort. For much can be done by appealing to the intelligence and sentiments, and sometimes an imperative impression is received which will change the patient's course for the better. Patients of this class are mostly those free from any hereditary neurosis in whom the habit of drunkenness has been developed by association, self-indulgence or from some emotional cause. By appeals and persuasion many of these individuals voluntarily place themselves in private retreats and sanitariums. Of these institutions there are many in the country doing a noble work. The patient goes there not only voluntarily, but can come and go as he wishes, being placed on his honor.

By restraint and influence combined he may be brought face to face with the knowledge of his true condition, the consciousness of which he had never before fully realized. All thought in that direction having been kept in abeyance by constantly yielding to the appetite, for whenever the clouded brain had begun to turn toward introspection the incipient idea was driven away by drink. Removed from the means of obtaining

stimulants, with the intelligence free, the patient's mind naturally turns to his actual condition, and for the first time, perhaps after an interval of months or years, he really thinks, thinks of the past and the inevitable end. Now he may have an opportunity of redeeming himself. Now his better nature a chance of asserting itself, and earnest efforts put forth.

Once the patient under restraint, whether forcible or voluntary, the question of drugs come in. The general experience of the profession thus far fails to show the efficacy of any drug in abolishing the appetite for alcohol. At the same time medicine is recognized as a most important adjuvant. While the patient is constantly and continuously taking alcoholic stimulants, to administer medicine with a view of causing him to cease is futile. On the other hand if he can by any means be induced to discontinue, certainly there are medicines which can be exhibited with much benefit—both for the sequelae of alcoholism as well as for the partial alleviation of the craving. The drugs which are applicable to these conditions are too well known to require mention, each case determining their selection and mode of administration.

From time to time certain medicines have been brought before the attention of the profession as specific in abolishing the alcoholic habit, but none have ever stood the test of experience. At present it is claimed that the chloride of gold is accomplishing great results, and confirmed inebriates being completely restored. These claims are made by the proprietor of a sanitarium in Dwight, Ill. Although the pathogenesis of gold does not point to any such indications, it is not impossible to suppose it may be of service in these conditions but unfortunately investigation is debarred by the secrecy of the methods employed at Dwight. It has always been the experience of the profession that secret remedies are not used in good faith, a difficult matter for the public to understand. Let the laity compare the secret holder of a remedy to the nobility of Jenner, the apostle of vaccination and to Pasteur in his work on hydrophobia.

Education and legislation constitute the third division of remedial measures. By education a higher and clear understanding in regard to alcoholic stimulants as well as narcotics together with the study of physiology should be imparted to the young in school. Not a fanatical prohibition tract, but a clear exposition of facts, showing the dangers of alcohol, its effects upon the nervous system and the system at large—how man by perversity and abuse has turned into a curse what he might have legitimately enjoyed in moderation.

By legislative measures since prohibition is impracticable, much could be accomplished, first and primarily, by stopping the adulteration of

all liquors; second, by high license, to cut off all cheap liquor shops where the most impure and poisonous compounds are sold, or at least to curtail the number of such places. The statistics which the professional temperance reformers are so fond of exhibiting, namely, that three-quarters of the inmates of pauper hospitals, workhouses and prisons are there from the effects of inebriety, fail to bring out the facts that such inmates are almost entirely from the lower ranks of society, in short that alcohol as a promoter of crime in a very great degree, finds its recruits among the cheap liquor shops. It is the fanaticism of the unreasoning, but doubtless well-meaning prohibition advocates which thwarts true reform in this respect.

"ALTHIO."

BY H. N. AVERY, M. D., MINNEAPOLIS, MINN.

IF SUFFICIENT time has elapsed for the medical profession to recover from the shock of the announcement of the great Koch cure of pulmonary tuberculosis and its sad tales of woe, they can prepare themselves for another "shake up," for we have another surprise about to be born, and time must decide whether it shall meet the fate of "gasseous enemata," "elixir of life," "Keeley cure" and other wonders, to live or die a *bornin*.

It seems as though the public at the present day was living upon medical expectancies, and the medical profession is too apt to pamper to the demands for popular wonders and thus disappoint suffering humanity.

We do not hear so much now-a-day from our good allopathic brethren about homeopathic humbuggery as we did thirty years ago; whether they are striving to keep pace with us by launching their everlasting "new-things," or whether they have no faith in their practice, it is hard to tell, but, the fact remains potent that, of all the humbugs given to the world they have had their hands in it, while the good homeopathic physician goes on attending to his business and curing suffering mortals. The grasping straws have vanished and now comes "althio," and, if half is true of the wonders told, the "Old School" will have no further use for the *materia medica*.

This new remedy is to be applied externally over organs "aching" and by some mysterious change, and by its great absorbing power of oxygen, remove all further progress of degeneration within; its stimulating properties producing curly wigs upon bald heads and converting scirrhous livers into healthy organs, and make the "bugs" of Koch sick in tubercular deposits, whether one lung is gone or not, *things* must stop within, upon applying a jacket-covering of "althio." Old, necrosed bone is made new, can-

cers are wiped out—new skin says—nothing was here before; the helpless cripples are made to hop, skip and jump, all forms of skin diseases know themselves no more—truly what great expectancies are before us.

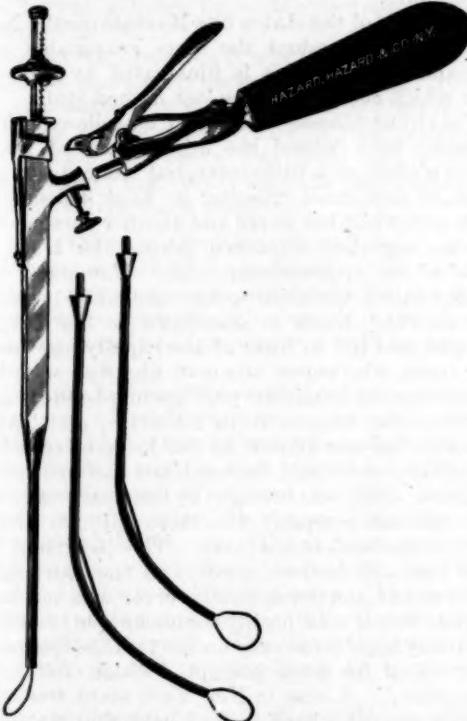
I understand it is to be given a trial in the Cancer and Skin Hospital, of New York. May this last gift of man crown itself with a diadem of bright stones, and not a wreath of thorns.

A NEW UNIVERSAL DOUBLE-ACTING SNARE.

BY CHARLES A. BUCKLIN, A. M., M. D.,
NEW YORK.

THE good principles of all similar instruments have been combined in this snare and their inherent defects have been obviated.

The wire is attached to a solid stylet, the objections to which are overcome by the powerful ratchet motion which draws it. A screw motion is also attached to the same stylet, thus enabling



the operator to use a very slow-cutting snare where hemorrhage is feared, while the ratchet motion provides a rapid-cutting one where there is no reason to expect hemorrhage.

The handle and ratchet motion may be detached at pleasure, leaving an instrument suitable for the slow strangulation of a very vascular growth.

The instrument has a straight tip for the nose and curved tips for reaching the larynx and naso-pharynx through the pharynx.

In curved canulas all attempts to use flexible stylets under severe traction are dangerous, as they must break, sooner or later, in making the transit of the curve.

With this wire écraseur every benign neoplasm or hypertrophy found in the nose, naso-pharynx or pharynx can be removed at a single sitting, in a manner which commands the approval of the most conservative operator.

This instrument also fully meets all the requirements met by Stoerk's laryngeal guillotine or wire écraseur, and furnishes one not provided with laryngeal forceps with a simple and effective means of extracting many foreign bodies which lodge in and about the larynx.

If the instrument is firmly secured at the detaching joint, the wire properly fastened and the clearances of the ratchet, under strain, are one thirty-second of an inch, it will never fail to cut any growth the loop embraces.

The straight canula is armed with wire by passing it through the eyes of the slightly projecting stylet from opposite sides, the required loop having been formed the stylet is drawn by the ratchet motion and the projecting ends of the wire are cut.

The curved tips are armed with wire by bending one sixteenth of an inch of the end of the wire at an angle of forty-five degrees. It is then passed through the first eye of the stylet into the opening at the curve of the canula, with the convexity of the wire impinging on the concavity of the canula. Emerging sufficiently to form a loop, it is returned through the curved canula with its convexity impinging on the concave surface of the canula. When the wire appears at the opening it is twisted until the bent point is opposite the second eye in the stylet, which it will enter easily, and the loop is complete.

By the pressure of the thumb on the top of the instrument, the wire loop, after having been drawn, can be returned instantly to position for further operation through any of the tips.

For further particulars and history of steel wire snares, see *New York Medical Record*, July 4th, 1891.

RECEIVED MEDICAL JURISPRUDENCE.

BY HENRY A. RILEY, A. B., LL. B., NEW YORK.

AN interesting case has recently been decided in this city touching the liability of hospital officials for injuries alleged to have been suffered through their negligence.

The case was that of Abraham Harris against the Woman's Hospital and was brought by him on account of the death of his wife, who had undergone a surgical operation performed by the late Dr. James B. Hunter, assisted by Dr. Clement Cleveland. The operation was apparently successful, but about four o'clock in the morning of

January 19, 1889, while laboring under a temporary fit of insanity, she arose unobserved from her bed in the ward, and finding her way to the toilet room on that floor, leaped from the window and was killed by the fall of four stories to the ground below.

The plaintiff alleged that the hospital authorities were negligent in not providing more than one nurse at night to look after the patients in the particular ward, there being nineteen in all, and a nurse more experienced than the one in charge; also in not providing a physician to sit up at night and watch the patients and prescribe from his own personal examination, and in not having more than one at night in the institution.

The complaint was dismissed on the trial as not showing sufficient facts to prove a cause of action, and this position has now been affirmed on appeal.

The opinion of the court which also states in substance the principal facts is as follows: "There is nothing in this case to show that the house surgeon, or the nurse in attendance, or the hospital authorities had any reason to apprehend any mental aberration of the deceased, much less the particular accident of the night in question.

"If the fact that the deceased attempted to get out of bed about one o'clock was sufficient to call for immediate attention, it was given. The nurse reported the fact instantly to the physician, who immediately prescribed a sedative which was administered. After the patient was quiet for about three hours, and there was no further ground for apprehension. If the attempt to get out of bed was indicative of mental disturbance, the fact that the patient listened to the nurse's argument and complied with her remonstrance showed that she was amenable to reason.

"But if there were any want of care in not placing a special watch upon the deceased all that night to see that she did not leave her bed, the consequences of neglecting to do so were too remote to fasten legal responsibility upon the house surgeon or the hospital authorities.

"An injury to her health, due to interference with the success of her operation by her incautious movements, is the utmost that could in reason be apprehended.

"Her death in the manner detailed was not to be expected. It was not shown that there was any possible ground for apprehending a suicidal tendency on her part. But there was, in fact, no care omitted.

"While the nurse's back was turned for a brief interval the deceased stealthily rose from her bed, escaped from the room and leaped from the window. This was after the patient had been quiet for fully three hours. Even at one o'clock when she attempted to get out of bed, the nurse had left the ward altogether to go and inform the house surgeon, and yet the deceased had not then attempted to escape. Upon all the facts of the case,

therefore, it was proper to dismiss the complaint, as there was no proof of want of care on the part of the hospital authorities, the surgeon or the nurse."

SOME PHASES OF THE LAW OF CONTRIBUTORY NEGLIGENCE.

One of the curious phases of the law is that outgrowth of the theory of contributory negligence by which the different degrees of negligence on the part of several persons are judicially balanced and the responsibility settled accordingly. This theory oftentimes seems to defeat the demands of substantial justice and prevents the recovery of damages, because the plaintiff or those acting for him have not been shown to have been absolutely free from imprudence or slight carelessness.

Some of the cases in the western states especially, have been so decided that blame instead of praise would seem to be given to that kindly impulse which moves one to save another from suffering or death even at the imminent risk of life or limb.

A number of the states like Massachusetts, New York and Ohio adopt the more reasonable and humane rule, and this is illustrated by a recent case which occurred in the last named state.

The circumstances are given as follows: The accident that caused the injury occurred about seven o'clock or a little later, but while it was yet light, at a railroad crossing in East Toledo. A little girl, while her nurse and another person were talking together, wandered across the track in view of an approaching train. The nurse excitedly called the child to her, and while crossing the railroad track in obedience to her call, it tripped and fell in front of the rapidly approaching train, whereupon the man who was with her observing the imminent peril sprung to the rescue of the child, caught it in his arms, and leaped onward, but was struck by the locomotive before he could pass beyond its reach and suffered severe injuries. Suit was brought by the rescuer against the railroad company for these injuries and a verdict rendered in his favor. This judgment has now been affirmed on appeal and the court said: "the act of the defendant in error was not only lawful, but it was highly commendable; nor was he in any legal sense responsible for the emergency that called for such prompt decision and rapid execution." A case in New York state was cited with approval where it was held that "the law has so high a regard for human life that it will not impute negligence to an effort to preserve it, unless made under circumstances constituting rashness in the judgment of prudent persons. It would be unreasonable to require a deliberate judgment from one in a position to afford relief. To require one so situated to stop and weigh the danger to himself, of an attempt to rescue another, and compare it with that overhanging the

person to be rescued, would be in effect to deny the right of rescue altogether if the danger was imminent."

A SUNSTROKE AS A DISEASE NOT AN ACCIDENT.

The United States Circuit Court for the Western District of Missouri has recently decided that sunstroke or heat prostration, contracted by an architect when engaged in his ordinary duties of supervising the erection of buildings, is a disease and does not come within the terms of a policy of insurance against bodily injuries sustained through external violent and accidental means, but expressly excepting "any disease of bodily infirmity."

This determination that sunstroke was a disease not an accident does not seem to have been expressly decided in this country before, but in England there was decision to that effect not long since. In that case the insured was master of the ship Sultan, and in the course of his voyage he arrived in the Cochin River on the southwest coast of India, and in the usual course of his vocation he was smitten by sunstroke, from the effect of which he died.

On full consideration it was held that his death must be considered as having resulted from a natural cause and not from accident within the meaning of the policy. The English policy did not contain the words "external and violent" yet the court held that the term accident necessarily involved some violence.

INFANTS AND TOBACCO SMOKING.

A curious case of inhumanity and wickedness on the part of parents is reported in the daily papers as occurring in Chicago, and the Illinois Humane Society has decided it is said to prosecute them.

The case is that of Leonard Turner, a child two years old, who has become a habitual tobacco smoker. Ever since he was two months old, his father, who is said to be a dissipated man, has been teaching him to smoke. The child has now become so accustomed to the weed that he cries for his pipe and tobacco. The mother has had to work to support the family and of late has been leaving the little boy at a nursery. The matron of the nursery refused to allow it the use of tobacco and reported the case. The Humane Society took the matter up and two physicians have examined the child.

He was found to be in a very feeble condition, already suffering from acute nicotine poisoning and having what is known to physicians as the "tobacco heart." His skin, eyes and brain are also affected.

He displays but little intelligence now and brightens up only when his pipe is placed before his eyes.

Acting on the report of the physicians the Humane Society has sworn out warrants for the arrest of the parents.

The penalty for such an offence is not less than \$10 and not more than \$500 fine or one year in the penitentiary or both. Doctors express doubts as to whether the child can be brought back to a healthy condition.

PRACTISING WITHOUT A LICENSE.

Thomas Beckman was recently arrested in this city for practising medicine without a diploma. He had a preliminary examination before a police justice and was held in \$1,000 bail to wait the action of the grand jury.

It was alleged that Becker would treat all the patients who came to him substantially alike; that he would pretend to make some sort of an examination, and would then prescribe a solution of epsom salts or some sugar coated bread pills. A uniform charge of \$1 was made for the bottle no matter what the medicine was said to be.

THE SUPERIORITY OF THE SLIDING FLAP OVER SKIN GRAFTING.*

BY M. O. TERRY, M. D., UTICA.

ONE case may be as an index to a book directing your attention to new methods of procedure. Possibly the one herein reported may present nothing new to those familiar with all of the varied resources in surgery, yet I am quite sure, judging from conversations of inquiry held with prominent surgeons that the emergency calling forth the expedient adopted in this case is not at all common.

Mrs. S—, at 28, came to Faxton Hospital having a scirrhus of the left breast. She had only recently passed through a severe illness of "la grippe." After the removal of the cancer the open surface was completely closed and a drainage tube inserted, the usual antiseptic dressings of iodoform gauze and salicylated cotton being used. Notwithstanding these precautions, which in all previous cases had prevented suppuration, it soon appeared to such an extent that it became necessary to separate the flaps and use vigorous measures to arrest the process which had already caused an elevation of the temperature. With the aid of peroxide of hydrogen, iodine, bichloride of mercury tablets 1-5,000 and calendula used on different occasions, suppuration ceased so that at the end of ten days the flaps of skin were united to the sides of an open surface (the pectoralis) the size of an ordinary hand.

The discouraging feature incident to skin grafting now presented itself and the patient, a poor woman with a large family, anxious to return home, was an additional source of annoyance. I determined, therefore, to freshen the entire skin border and to loosen it with blunt scissors from the underlying tissue to such an extent as would

* Read at a meeting of the Homeopathic Medical Society of the State of New York, held in Buffalo, N. Y., September 15, 1891.

allow it to migrate into juxtaposition over the center of the wound. This was easily done and the flaps were united, as in the original operation, with silk worm gut and supported by strips of surgical plaster. In ten days the union was perfect and the patient returned home.

In conclusion permit me to suggest that it would seem that this successful experiment of the migration of the flaps in the region of the breast might direct your attention to similar methods of the treatment of open surfaces elsewhere, for if successful much time will be saved and less deformity will follow.

THE SACROSANCTITY OF ABDOMINAL SECTIONS.

BY FRANK A. ROCKWITH, M. D., SAGINAW, MICH.

"Now, my co-mates and brothers in exile,
Hath not old custom made this life more sweet
Than that of painted pomp?"—(*As You Like It.*)

SPECIALISTS and college professors tell us common every day practitioners that although "no surgical operation may be easier than a laparotomy," none but of a select coterie of *soi-disant* experts in the art, or a coryphée of some cosmopolitan center of learning should dare to attempt such an undertaking. Yet any one may do "a thigh amputation, resect the knee or elbow joints, set bones and readjust a luxated articulation without the slightest protest or ado from any one, whether of the common masses or the profession. Nay, is it not actually demanded that any one who attaches the name of surgeon to his shingle should do it, and that to dodge the call is held rather a reproach for which no apology can be accepted." To amputate a leg and lose the patient is counted no great affair; when a woman dies after an ovariotomy, no matter how imperative the necessity for such an undertaking, all mankind sounds the alarm, blood—shy physicians shake their heads with profound disapproval and timid maiden-ladies stand spellbound of horror at the audacity of the venturesome laparotomist. For my own part I could never understand why one competent and capable should not be permitted to do what others have done before him or venture to undertake what never before has been ventured upon.

Some one certainly must make the beginning, and so long as one can justify the act by science and reason no one else ought to object in case of failure.

If the colleges of surgery teach one, two, or three capital operations without warning, why say of the fourth, "See! this is the style to do it, but you yourself must keep your hands off, for this No. 4 belongs to us, the sacred few." Nor have I been able to comprehend the difference of hazard between a case of laparotomy and that of a sickness like pneumonia or of one of cellulitis. It is true, that in the one we may inadvertently cut

into tissues which should by all means whatsoever remain intact, or that undue haste may lead to the overlooking of a still oozing blood-vessel, or worse yet, as greater men than I have done ere this, of leaving behind a sponge or haemostatic forceps. And yet, how far more liable and of every day possibility is the fact that an error in medication, whether on the side of too great heroism or that of dosimetric cowardice, has let the case to terminate with the undertaker.

When a laparotomist proceeds to work, he surrounds himself (and often with more display than may be seemly), with a suite of followers and aide-de-camps, like some reviewing-general of the army—with pomp and show—yes! all open and above board. When a physician has a case of serious import, he cautiously keeps aloof from his confreres, hoping to stumble through the engagement as best he may; silently, singly and without display. Medications tell no tales—the knife does. Surgery demands technical skill, knowledge of locality, personal courage and self-confidence. The result invariably leaves some proof of the degree of skill or of the judgment displayed. Post-mortem obductions settles the matter beyond a peradventure. Not so in medicine, the only jury is the practitioner himself. It is only necessary for him to assert this or that symptom and raise the severity in proportion to his requirements and all his ends will justify the means. As to post-mortem evidence, there will be a wide difference between the objectivity of the pathological lesions and the subjectivity of the given symptomatology of the case; invariably sending the doctor off with flying colors. As a consequence, men rarely venture upon a surgical operation without personal qualifications; not so in medicine, which admits most any one, young and old, ignorant and wise, the guessor and the tiro, the Indian herbalist or the strabismic clairvoyant, and entrust them with any case no matter how hazardous. In the former instance death insinuates a possibility of manslaughter, in the latter a divine dispensation furnishes the pall.

But, as "we live more by example than by reason," I may be permitted to offer the following experience as not altogether unreasonable for the support of my assertion, that the general practitioners may be trusted with a laparotomy as well as the specialist and college professor. There were eight ovariotomies performed in the locality from whence I write, during a period of fourteen years (the number of inhabitants ranging from forty-two to fifty-two thousand). All of these were "done" by imported, that is, non-resident professional talent. All of them, too, either noted specialists or college professors. All their patients died before the third day after operation.

Within the four succeeding years eight other operations for ovarian tumors occurred, all of which were operated upon by unpretending resi-

dent surgeons. Out of this number I regret to be obliged to admit of two deaths.

Now, while I do not deny that twenty-five per cent. mortality is not a brilliant showing in this nowadays simple operation, yet it was at least seventy-five per cent. better than that of the eminent professors and specialists having in charge the first eight unfortunate cases.

Neither do I mean to reflect at all derogatorily upon specialists and college professors as a class, and will not lay the entire blame of these failures at their doors. But a single instance may here help us to explain the cause of failure in at least one out of the eight instances mentioned.

A woman of the demi-monde came into my hands with a good sized abdominal tumor. I had under my care just at that time a gentleman with an obstinate gonorrhœa, which he claimed to have contracted with this woman. Aside of this hint, there was nothing in the gynaecology of the case to counterindicate an early laparotomy. Only the moral history of her life and the probability of a specific tubal catarrh warranted a caution not to be disregarded. A fairly large experience of venereal diseases in the female induced me to advise postponement for at least a six months or even a year; but, of course, also, with the proviso of constitutional treatment during that interval. Hearing, however, of a specialist in a neighboring city, she consulted him and was advised "immediate operation"—giving as the reason for this advice, *the size of the tumor and the danger of pressure upon the kidneys?*

She surrendered herself at once to this time-saving operator and became a beautiful corpse twelve hours after the operation. This was the last disastrous case operated upon in this city by outside talent. It may not be entirely uninteresting to my readers to learn that one of these unfortunate celebrities charged and received a thousand dollars each for his two operations, and that another travelled a hundred miles for the paltry fee of a small diamond ring.

To fill my pessimistic cup, I may not forego the personal satisfaction of protesting against the supreme arrogance of certain specialists, college professors and of so many sanitaria, who presume by virtue of their lucky opportunities to lord it over their equals in skill and learning, but who happen to reside in modest country town or border hamlets, and consequently are less affected with congenital macrocephalism. It would be amusing were it not so pecuniarily serious a matter with us. For anon and again, the mails will bring us the cards or circulars from the Drs. McFoodles or Professor Slitmegullet, offering to take charge of any of our more serious cases, promising in return the sugar plum of appearing in the journals as eminently connected with the case. Many of these gentlemen are often mere lads, fledgelings still in the chlorophyl of their

college verdure. They ask us, with an effrontery in keeping with their self-conceit, to lop off one-fourth of our legitimate income for their own sole benefit and glory.

"Through tattered clothes small vices do appear
Robes and furred gowns hide all. Plate sin with gold
And the strong lance of justice hurtless breaks
Arm it in rags, a pigmy's straw doth pierce it."

To be successful in the practice of the healing art it is not always necessary to wear the spectacles of a specialism. Nor need we be necessarily slovens in the godlike habit of cleanliness when compelled to come from a resection of a carious bone and proceed to that of an oophorectomy, neither need we carry contagion from a blennorrhœal eye into the muliebra of our female patients.

I have performed, within twenty-four hours, an ovariotomy, a staphyloma operation, an extirpation of the tonsils, reduced a Collis fracture and attended a case of obstetrics in high life; and all these with clean hands, a clean conscience and clean results. According to L. Tait I was robbing both a gynaecologist and an ophthalmologist of their fees and laurels.

It is only necessary now for our modern tocologist to step up and repeat Tait's protest, when the finishing stroke of death will have been given to general medicine and surgery; and what thus far overpowering numbers have failed to accomplish, blind rage and selfishness may succeed to bring about. We learn from the history of our profession that the golden age of medicine in Egypt terminated even so. Having fallen into that form of professional individualism which to-day we designate as specialism, it too, fell into decay and ruin. History always repeats itself.

I have performed in private practice seven laparotomies for ovarian tumors with one death, and three for intestinal lesions and no deaths. Out of these but one was performed at a hospital—but that only as a private patient. This one died on the tenth day after operation, from causes entirely unconnected with the operation.

DIAGNOSIS CONFIRMED BY AN AUTOPSY.

BY JOHN ARSCHAGOUNI, M. D., WARD'S ISLAND HOSPITAL, N. Y.

F. T.—, at forty, single, laborer, sent to this institution on the afternoon of August 25th, with a diagnosis of "*Enteritis*." On admission he looked quite emaciated, giving a history of severe diarrhoea for the past three weeks, having stool almost every ten minutes, at times bloody, abdomen distended, tender to touch, vomiting. On the 27th of August, at about 8 P. M., while making rounds—in the absence of the attending physician Dr. J. P. Pursell—patient exhibited the following symptoms:

"Head and face cold as a piece of marble, dizziness, face anxious, mind clear, hands and feet icy cold, hot sweat, thirsty, vomits everything he takes. Vomiting faecal matter, breath of faecal odor, taste like manure—as he describes it—breathing short and rapid, abdomen very tympanic and hot, distension of abdomen extending way up above the diaphragm, constant gripping on right hypochondriac region, diarrhoea almost involuntary somewhat formed and of a clay color slightly yellowish, very offensive." The above symptoms more or less increased since the afternoon.

This being my first occasion to closely notice the case, I thought of it as possibly being a *phlegmonous enteritis*, which exhibits almost similar symptoms, excepting that in the latter the diarrhoea is a favorable symptom, while this patient seemed already at death's door.

Intestinal obstruction came next to my mind, yet with the faecal vomiting, diarrhoea was present. I then called Dr. Stewart, chief of staff, with whom same thoughts were exchanged. We then thought of a tumor probably pressing on a certain portion of the intestinal tract producing a certain degree of obstruction yet leaving lumen sufficient to allow the passage of faeces and regurgitating the rest upwards. At any rate, our prognosis was fatal.

However, our duty as physicians is to do all within our power up to the last for the benefit of the sufferer, I prescribed B carbo veg. and meantime to relieve the extreme tympanitis which was interfering seriously with respiration, I used a long rectal tube, which, with all the technique at my command, I failed to pass beyond seven to eight inches; the tube coming in contact with an obstruction, although few short flatus passed. My colleague Dr. Foster also tried with the same result. Had it not been for diarrheic stools I should of thought of impacted faeces of cancer.

At about 9 P. M. patient suddenly collapsed and was dead.

AUTOPSY: I performed the autopsy, in presence of my colleagues, members of the staff. Description as follows:

Body: Rigor mortis very slight, body fair, no jaundice, abdomen greatly distended.

Heart: Weight 12 $\frac{1}{2}$, normal amount of pericardial fluid, aortic and pulmonary valves competent; heart muscles friable and flabby. Aortic valves normal; some granulations and calcareous deposits on mitral valves; chordæ tendinæ about normal; granulations on the tricuspid valves, foramen ovale closed.

Lungs: No pleuritic adhesions on either side. **Right lung:** Weight 24 $\frac{1}{2}$; the entire lung of a greenish black color; floats, emphysematous throughout; passive congestion; evidence of chronic bronchitis.

Left lung: Weight 23 $\frac{1}{2}$, floats and it is of the same greenish black color as the right, marked œdema in the upper lobe, the lower lobe emphy-

sematosus, passive congestion, calcareous degeneration of bronchial glands which are melanotic, evidence of chronic bronchitis.

Diaphragm: markedly distended and forced upwards.

Liver: Weight 114 $\frac{1}{2}$, very hard and covered with white and pink spotted nodules; on section shows a mass of cancerous growths varying from the size of a hen's egg to that of a hickory nut, edges of liver nodulated—medullary cancer. At the surface of the liver, the serous covering of the organ involved, is white and thickened at those places where it passes over the cancerous nodules, and particularly where these nodules presented a cicatrix-like depression.

Spleen: Weight 8 $\frac{1}{2}$; capsule adherent, parenchyma of very firm consistency; anaemic.

Stomach: Distended with gas, also oesophagus, vessels very prominent, evidence of chronic catarrhal gastritis, ecchymotic patches on the fundus and greater curvature.

Right kidney: Weight 7 $\frac{1}{2}$, capsule non-adherent, paler than normal, slight fatty infiltration.

Left kidney: Weight 7 $\frac{1}{2}$, capsule non-adherent, cortex increased, some of pyramids destroyed; slight fatty infiltration.

Mesenteric glands enlarged, hard and greenish black.

Intestines: Greatly distended with gas all way down, of a pale slightly greenish color, and containing a dirty yellowish gray colored diarrhoeic stool, a cancerous band—annular infiltration—at about the sigmoid flexure around and almost obstructing the descending colon leaving a lumen through which only the index finger, of a comparatively small hand, could be passed, a quantity of serous fluid in abdominal cavity.

The portion of the gut carrying the annular infiltration has been preserved.

The primary lesion surely started, in this case, at the rectal portion of the intestinal canal, as cancer of liver is mostly secondary; besides its medullary character, the numerous nodules found in it, are evidences for its being so.

The absence of jaundice is of little value, for Frerichs reports 52 deaths in 91 without presenting this symptom.

THE TOXIC RHUS SPECIES AND SOME OF THEIR SPECIFIC ANTIDOTES.

BY H. N. AVERY, M. D., MINNEAPOLIS, MINN.

RHUS TOXICODENDRON (gift-sumach, poison oak).—A creeping shrub, from one to three feet high, with a reddish root; the leaves, two to six inches long, are in bunches of threes; bark, light-brown; the flowers are small, yellow-green; its poisonous milk signifies its name; fruit, oval, five-furrowed, pale brown, and may be found in all parts of the United States.

Rhus radicans (poison ivy, poison vine).—Species of the tox., a creeping vine, five to forty feet long, having strong fibers, and attaches itself to walls and fences, hence the name radicans; three leaflets; flowers, small, greenish-white; fruit, pale green or whitish; they both yield a milky juice, which turns black on exposure to the air, this juice and exhalations from the plant produce toxic effects on many persons, followed by burning, itching, swelling, blistering and suppuration, pain and fever following.

Rhus venenata (poison sumac, poison elder).—A shrub, growing ten to twenty feet high, pale grayish bark, small greenish flowers; the fruit or berries in bunches are greenish-yellow, sometimes marked with purplish veins, about the size of a pea, found in low meadows or marshes throughout the United States. The milky juice and its exhalations are most virulent in its toxic effects, often producing severe erysipelatous swellings of limbs and body.

Rhus pumilum.—This species is a native of the south, a villous, pubescent shrub, about a foot high, with pinnate leaves, oblong and eleven leaflets, with a velvety pubescence. This is the most poisonous species of the rhus family.

In addition to the usual homœopathic remedies indicated in these cases, some have used the ordinary antiplogistic washes and lotions without much success. There are a few so-called specifics that I will call attention to:

Sassafras oil.—Three to five drops internally every two hours, and rub the parts freely with the same.

Bi-car. soda (sat. sol.).—Bathe the parts freely and often.

Verbena urticifolia.—The root boiled in milk and water with inner bark of white oak, drink freely and apply to parts.

Sulpho calcine applied externally every two hours.

Ipecac pulvus.—One dram to eight ounces of water, applied externally every two hours freely.

Chloride ammonium (sat. sol.) applied externally freely every two hours.

Grindelia hirsutula.—A strong decoction of the herb applied freely to the surface.

Grindelia robusta.—Applied locally as poultice or wash.

Impatiens pallidal (jewel weed).—Juice, or poultice made by boiling recent plant in milk, or ointment from recent plant by boiling in lard.

Primitive Progressive Myopathy.—Marie (*Le Prog. Med.*) presented a patient suffering with posterior deformity of the cranium, showing measurements hitherto unreported: Antero-posterior diameter, 166 min.; transverse diameter, 168 min.; cephalic index, 101 min. The author had seen several analogous cases belonging to the form of Erb. He thinks these cases are due to an osseous lesion, which does not progress parallel with the muscular lesion, and which is explained by the decubitus.—(T. M. S.)

CLINIQUE.

AN INTERESTING CASE OF CEREBRO-SPINAL MENINGITIS, WITH RECOVERY.

By J. HENRY CLARK, M. D., NEWARK, N. J.

THE following case seems to the writer worth recording, although many may be able to recall similar cases occurring in their experience, presenting the same interesting features with I trust even more gratifying results. The clinical history is as follows:

About August 22, I was called to a boy six years of age, previously a healthy, bright, happy little fellow. I was in attendance at his birth. His mother wished to call my attention to the condition of his eyes. On examination I found pupils irregularly dilated, spasmodic movements of the eye-balls with convergent strabismus most marked in the left eye. Feeble response to light. The ophthalmoscope which was used with difficulty owing to the spasmodic movements of the eyes, revealed a slight hyperæmic condition of the optic papillæ. There seemed to be a strange expression about his countenance. He complained of headache, was nervous and fretful, and skin was dry, temperature and pulse accelerated. On inquiry his mother told me that this condition of the eyes had suddenly manifested itself. That for the past week he had been fretful, nervous, indifferent about everything around him, appetite had been poor. Complained each day of headache. Had not been confined to his bed, but allowed to be around in and out of the house as usual; his condition not having excited any apprehension on the part of his parents. I told the mother that he must be placed in bed and carefully watched, that I feared his brain was seriously affected. I ordered him placed in a darkened, well-ventilated room, away from the family and the noise in the streets, where he could have absolute quiet. His mother to be his sole attendant. His diet to be simple and light but nutritious, ordered also bromide potassium gr. v. to be given every three hours. On the following day his condition was more marked, presenting the following symptoms: a sleepless night, paroxysmal headaches, screaming and crying out at intervals. Pain increased and more acute evidently sharp and lancinating, confined mainly to the head and neck, particularly the neck, and spine more or less effected. The pulse was 110, and temperature 100 2-5 per rectum. Feet were cold and head abnormally warm. No vomiting or apparent nausea had occurred. Bowels had moved involuntarily, in the same manner also the urine had passed. There was a general hyperæsthesia of the skin—well marked.

Any application to any part or even slight pressure with the fingers upon certain parts would cause him to cry in a most piteous manner. I

made the diagnosis of cerebro spinal meningitis and rendered a guarded prognosis—explaining to the parents as well as I could the grave nature of the disease and suggested the following treatment: Ice-bag to be applied immediately over the head and neck. I ordered the ice broken and mixed with bran, in order to produce a more uniform coldness, and I think it more comfortable to the patient than ice alone. Hot bottles to the feet constantly. The bowels fortunately did not need attention, there was a slight tendency to diarrhoea which I made no attempt to check. Warm cloths laid over the abdomen. Bromide potassium, gr. v. every two hours and saturated solution of iodide potassium, five drops (gtt. v.) three times a day. The condition remained the same through the day, and on the following day the symptoms continued with no improvement whatever. Tonic contractions of the muscles were present, confined mainly to the left leg and arm which were strongly flexed during each outcry. There was active delirium. Quiet for a few moments as though slumbering, and when aroused by the pain would roll and toss from one part of the bed to another, repeatedly making the entire circuit of the bed during the attack of restlessness. The active delirium was short. He took his medicine without difficulty. Bowels moved freely, three to four movements daily, and his appetite was good, eating with apparent relish every thing given to him. In the intervals of quiet there seemed to be temporary relief from pain. No change in treatment was made except to increase the iod. pot. to gtt. v. four times a day instead of three times, thus giving twenty grains in twenty-four hours. The following day, he had passed a better night, was more quiet and there had been fewer attacks of acute pain, although he continued to cry out, "my head, oh, my head!" at longer intervals, and would lie in an almost semi-comatose condition, appearing totally unconscious of the words or presence of those around him but, strange as it appeared, could be wakened with little difficulty aroused to take food or chew a piece of ice—a relief to his constant thirst, but he constantly mistook his mother, who was always at his bedside, for some one else.

Tonic contractions of the muscles, particularly on the left side, continued, and any attempt to overcome the rigidity, as by lifting up the head, or replacing the leg or arm to a natural position, would produce pain and cause the patient to resist. There was no marked contraction of the abdomen, nor did the muscles of the back appear to be sufficiently involved to produce any marked opisthotonus. The spine, particularly at the neck, seemed very painful to touch and the patient preferred, in his quiet moments, to lie flat on the mattress refusing any pillow. It was with difficulty that the ice-bag was kept in place. The fifth day from the beginning of the acute symptom, there seemed to be some improvement in the general condition.

Had had a quiet night and all the acute symptoms appeared to be somewhat abated. Bromide pot. gr. v. was ordered at eight, twelve and eight o'clock, and iod. pot. increased to gr. vi. to be given at eight, twelve, four and eight o'clock, all other treatment continued. Temperature and pulse appeared normal. There was no iodism—although I was giving twenty-four grains a day. The bowels remained free, continued to act involuntarily. The sixth to the tenth day a gradual improvement was observed; occasional outcries. Would take food willingly and even cry out for it, and in the intervals would continue restless, not wishing to be disturbed, not willing to have any one near him but his mother. Complained less of headache. More quiet through the night. Continued to slowly improve to the close of the second week, when I felt that he would probably recover. I had continued my iod. pot., twenty-four grains a day, without any marked systemic effects. I increased to gr. viij. I have never seen iod. pot. so well tolerated, particularly in a child.

From this point the patient began to improve more rapidly. Became still more quiet, acute symptoms having almost disappeared. My attention was drawn to the condition of his eyes mainly, but also to the loss of power in the left leg and arm, and the fact that he could not raise his head—although he talked and responded in his usual manner. The strabismus was confined entirely to the left side and I discovered that his sight was seriously effected—could not distinguish even large objects but could appreciate light, knew those around him by their voices only.

The ophthalmoscope shows an optic neuritis in each eye—more marked in the left. A condition due directly I presume to the pressure of the exudation at the base of the brain upon the nerves and blood vessels that supply those organs. Progressive inflammation of the meninges forward. At the close of another week his condition manifested still more improvement. His mind was clear, talked, ate and looked as before his illness, was able to stand upon his feet with support, but could not walk. Strabismus continued, showing on examination to be marked paralysis of the internal rectus left eye. His sight had improved but little. Cried because he could not see things and people. The respiratory functions appeared normal throughout.

Without prolonging the history further, would refer briefly to the fact that the case has been one of much interest to me and has prompted much thought and study. There were features of the disease that particularly attracted my attention. The sudden invasion of the acute symptoms after a mild, premonitory stage, which I know is common in many cases in this disease; the interesting condition of the mind during the progress of the disease; appetite continuing good; no trouble with the bowels; did not seem to lose

flesh; the serious effects upon the optic nerve; I fear atrophy in this case, will follow; the response to treatment. I shall continue to watch the case carefully.

The etiology of this disease is a subject of great interest. It has been to me particularly in this case. A constitutional disease manifesting itself by lesions and symptoms which pertain chiefly to the nervous system. To what extent is it contagious in such a case as this, from what source does it emanate? There is much literature on the subject and I know there is great difference in views held by physicians in regard to its cause, nature and proper treatment.

I doubt if any disease has received so many names, a fact which indicates the rather unsettled state of its pathology.

A NEW VARIETY OF INTERSTITIAL NEPHRITIS.

BY JOHN ARSCHAGOUNI, M. D., WARD'S ISLAND HOSPITAL, N. Y.

THE *Bulletin de Thérapeutique* published in one of its recent numbers a *new variety of interstitial nephritis*, described by M. Letzerich, and due to a *special bacillus*, short and fine, of crescent shape, found in the interstitial tissue of the kidneys, at the border of cortical and medullary substances, also in the urine of the patients.

SYMPTOMS:—Begins by an ill-defined malaise with fever and some gastric symptoms; such as anorexia, coated tongue, vomiting, great thirst, urine scanty, of a dark color, with uric acid crystals and abundant urates. This state remains from four to ten days, and after several vomitings suddenly appears edema of the face, including the eyelids and cheeks, also edema of the feet, hands, and of the lumbar region, which becomes painful to touch; also some ascites, hydrothorax and even hydropericard are found. The edema and dropsey always comes on with more or less complete suppressed urine, containing always of albumen, although less than in Bright's disease. Few renal epithelium and red globules are found and usually no casts, but, on the contrary, leucocytes and bacilli are found in great numbers.

The temperature usually does not go over than 39.5, sometimes 40.3. In such conditions attacks of eclampsia easily could be produced in children. Often, there is somnolency, and even a comatous state. In almost every case there is a very intensely generalized bronchitis; alternate constipation and more or less profuse diarrhoea. Death may close the scene by uremia towards the end of the second or the beginning of the third week; but the amelioration mostly follows a free micturition, which is dark at first and gradually becomes clear. At times, especially in adults, this disease may become chronic and continue for three months. Although the differential diagnosis of this variety

from other nephritis is not difficult, the microscope settles the question more surely by the presence of these special bacilli in the urine.

The prognosis is favorable. M. Letzerich, upon forty-five cases of his own observation, he lost only six, others been cured from three to six weeks in children and from three to nine weeks in adults.

M. Letzerich has been able to isolate and cultivate these characteristic bacilli and, furthermore, he has produced by inoculation in animals an interstitial nephritis. Generally, children from two to thirteen years old are most attacked, but young men from eighteen to twenty-three years old havn't escaped it. The disease mostly occurs in the hot season, probably from impure water containing these bacilli.

It would always be a wise plan in any case of early stage albuminuria, to verify if the urine freshly voided contains any such bacilli or not.

DIETETIC THERAPEUTICS.

Superfluous Eating.—Growth and waste and repair go on in a nearly uniform way the whole year through, but the amount of food necessary for these operations or purposes is surprisingly small, remarks the *British Medical Journal*. The generation of bodily heat requires a most variable quantity of food. In winter, with the temperature of the external air at zero, the temperature of the blood in healthy persons is 98.3 degrees, and when the heat of summer drives the mercury of the thermometer nearer to or above that mark, the blood still registers 98.3 degrees. The marvelous mechanism by which this uniform blood temperature is maintained at all seasons is not necessary to consider; but it must be evident to every one that the force needed to raise the temperature of the whole body to nearly one hundred degrees in winter is no longer needed in summer. The total amount of food needed for repair, for growth, and for heating, physiology teaches us, is much less than is generally imagined, and it impresses us with the truth of the great surgeon Abernethy's saying, that "one-fourth of what we eat keeps us, and the other three-fourths we keep at the peril of our lives." In winter we burn up the surplus food with a limited amount of extra exertion. In summer we get rid of it literally at some extra risk to health, and, of course, to life. We can not burn it. Our vital furnaces are banked, and we worry the most important working organs with the extra exertion of removing what would better never have been taken into the stomach.

Adulteration of an Adulterant.—The United States Consul at Stettin in a recent report calls attention to the adulteration of the chicory exported from there, says the *Scientific American*. From inquiries which he made he learned that the larger part of the chicory is made from beet roots, dried and burnt or roasted, and prepared in the same manner as pure chicory. The mixture usually sold as chicory is composed of one-third of the pure article and two-thirds of roasted beet roots. It is invoiced at about 1½d. per pound, a price at which it is quite impossible to get genuine chicory.

Sauerkraut in the Treatment of Gasteric Neuroses.—*Nouveaux Remèdes*, quoting from Franz Heller (*Wien. Med. Presse*), who has made experiments on himself and others, states that this author suggests sauerkraut at meals as the best remedy for chronic or nervous or anemic dyspepsia. Dyspeptic symptoms—such as regurgitation, difficult digestion, and eructations—disappear in a short

time. An effort was made to replace sauerkraut by dilute hydrochloric acid—four drops in water—but without favorable results. Red cabbage was also without avail.

Non-Existence of Rachitis in Japan.—Albert S. Ashmead, M. D., *Medical Record*, October 11, 1890.—From time immemorial the Japanese have been fishers and hunters, and tillers of the soil. Their diet has consisted largely of fish and other products of the sea, the crustaceae, and iodized seaweed, of which they have always eaten abundantly. As a people they have most beautiful and well-formed teeth. It is the exception in Japan to find youth associated with decay of teeth. Surely the Japanese alimentation has operated to secure to the race sound teeth and bone, at least. Fish is supposed to be rich in phosphorus or its surrogates, and is recommended to us as a brain-food; but never, that I know of, has it been suggested as a remedy—a bone-food—in osteomalacia.

The Japanese have always eaten plentifully of fats and oils of fishes, the blubber of the whale, the eel, and loach especially; and these have contributed their measure in procuring for the nation such an immunity, and endowing it with a greater degree of sound bone formation. The universal use of the food under notice, from the time of ancient Buddhist flesh-prohibition, but especially the consumption of fish by the lactating women, together with the fish given to the children after their first year, as supplement, which at that time is allowed them by Japanese tradition, are, in my opinion, main causes of the non-existence of rachitis in Japan.

In the order of their sequence may be cited some additional factors.

1. Absence of deformed pelvis in the women of Japan, and heredity thereof, hence easier gestation and labor.
2. Exceedingly gentle care and nursing of the pregnant and parturient women.
3. National possession of finer teeth, consequently more perfect mastication and emulsion of aliment.
4. Increased length of intestinal absorption-surface, hence freer chylification.

Various writers strongly advocate the use of phosphorus, with cod liver oil, to eradicate rachitic tendencies.

Professor Jacobi, in a note addressed to me, advises the oleum phosphoratum of the United States pharmacopeia to be given in the oil. May I suggest it behoves us to learn the lesson which Japan thus teaches us, adding to this sound treatment by the phosphorized cod liver oil a general and more constant lactation, checking that prevailing tendency to wean prematurely, and adopting a fish diet for both mother and child.

Koumissed Peptones.—Dr. Anderson says, concerning koumissed peptones, that they are milk, or milk and other foods, which, by the action of pepsin, of pancreatin, or of both, is almost completely digested, and thereby converted into peptone, or still further split up, and then made into koumiss (*British Med. Journal*). In the process of peptonizing, about twenty-five per cent. of water is driven off and none is previously added. Koumissed peptones are, therefore, of about fifty per cent. greater food value than ordinary koumiss. They are more fluid, have a sediment of far greater impalpability, and are incomparably more digestible and easily assimilable than ordinary koumiss, or even than Russian fermented mare's milk. It is of especial use in the irritable and adynamic types of wasting diseases; and can be, and has been, taken and retained when all other foods, ordinary koumiss not excepted, have been rejected. Valuable lives have been saved, which would have been lost but for its administration.

For years past cane sugar has seldom been used by him. In the preparation of ordinary foods, grape sugar, and sometimes sugar of milk, has replaced cane sugar, on the ground of the disagreeable eructative and fermentative action the latter exerts when administered. This can not be so great in the matter of koumiss, yet he has substituted

honey for cane sugar, and principally for the following reasons: honey is a more wholesome, more nourishing, more digestible and more physiological food than cane sugar; it produces a koumiss having a finer sedimentary deposit, increases the beauty and delicacy of flavor and delays or prevents its becoming caseous.

Koumissed peptones are, equally with koumiss, the vehicles for the administration of such of the most important therapeutic agents as are of use, particularly in wasting diseases. But such medicinal agents are not added where the beauty and delicacy of flavor of either the koumiss or koumissed peptones are in any appreciable degree interfered with.

The Influence of Moderate Drinking on Health.—Under the title of the "Influence of Nipping upon Health," Dr. Harley, the English hepatologist and nephrologist, discusses, in the January number of the *Provincial Medical Journal*, the injurious effects of drinking alcoholic beverages in moderation. He says that the majority of men are moderate drinkers, and, as a consequence, most of one's patients belong to this class. Comparing the mortality tables of men exposed to the temptation of frequent nipping with those of men not similarly exposed, the result is startling in the extreme, more particularly as regards the proportion of liver diseases. For it would appear that the rate of mortality is six times greater among those whose business is practically inseparable from nipping than among those representing all the other industries together.

Dietetic Management of Children.—Rachford formulates the following rules, which will aid very much in selecting a diet when it becomes advisable to discontinue milk temporarily:

1. Avoid albuminous food (a) when marked constitutional symptoms are present; (b) when in doubt as to the character of the fermentation causing the disease; (c) when the stools are putrid; (d) when the stools contain mucus and blood; (e) when the nausea is constant and not relieved by vomiting.

2. Avoid carbo-hydrates as a food (a) when there are no marked constitutional symptoms present, and the stools are continuously acid; (b) when there is much flatus, pain, or urticaria.

3. When the albumens are to be avoided, the carbo-hydrates are, as a rule, indicated; and when the carbo-hydrates are to be avoided, the albumens are, as a rule, indicated.

4. Give foods, such as cream, beef-broths, and whisky (a) when the foods prescribed according to the above rules disagree; (b) during the first twenty-four hours in severe acute cases; (c) when in doubt as to the character of the food indicated.

Milk Diet.—The following is from an article in the *Times and Register*:

Of equal importance is the diet. Thanks to Vaughan, we know what an egregious mistake we made in pinning our faith upon milk. That this substance should have attained its undeserved place in the dietary of the sick is an illustration of the shallow reasoning upon which much of our practice is still founded. We recognize the absurdity of the time when saffron was given for jaundice because both were yellow; but this was a trivial matter beside the use of that summary of all that is undesirable in a sick child's diet—milk. Variable in composition; disease-transmitting; liable to adulteration; prone to decomposition; apt to absorb disease; of the utmost difficulty to preserve; a culture ground for almost every known disease-germ; if there is a bad quality which a food can have which may not be found in milk, the writer knows it not.

Dr. Fordyce Barker left in his will, to the New York Academy of Medicine, all of the rich collection of works in his library relating to obstetrics, gynecology and the diseases of children.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

Business Communications should be addressed, "Publishers, 528 Fifth Ave., and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES."

Published on the First of each month.

OFFICE: 528 FIFTH AVENUE, NEW YORK.

NEW YORK, OCTOBER, 1891.

Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 72 William Street, N. Y.

THE RELATION OF PATHOLOGY TO THERAPEUTICS.

IT IS a matter of surprise to many that the advance of therapeutics has not kept pace with that of pathology. While our knowledge of morbid processes and morbific causes has multiplied many fold during the last quarter of a century, our knowledge of therapia, antisepsis excepted, has but slightly increased during that period. This statement is especially true of Old School methods and measures, but it is true, also, of those of the New.

To avoid prolixity on this subject, let us take, for example and illustration, the department of mental pathology and therapeutics. All know what wonderful strides have been made within a few years in our knowledge of mental pathology, that is, in locating malady in the nervous substance and tracing its various forms to their proper seat, and in the relation of symptoms to morbid molecular changes in brain tissue. The mental pathologist of to-day has no difficulty in declaring the nature of the mental disease of which its victim died, by an examination of the brain and its meaning as though he knew nothing of the history, symptoms, cause and termination of the case during life. He is able to say at the autopsy, for example, whether the patient died of acute or chronic mania, of melancholia, or dementia; whether he was a paramaniac, and was subject to hallucinations, delusions, or illusions, or suffered from morbid impulses, and, in many cases, what they were. So exact and intimate is his knowledge of brain pathology that the old time distinction between psychical disease and

physical disease has been broken down and discarded. Not that there is no such a thing as psychic disease, but that its existence is dependent on the physical or on morbid actions and morbific changes on the part of the physical organism.

In behalf of the therapeutics of mental diseases no such certainty of results can be claimed. Our knowledge of pathology gives us but little aid to lines of cure. From the point of view of an Old School man, our mental therapeutics is but slightly advanced from the resources of a century ago. More stress is laid on tonics now than then, and these have been greatly multiplied during the century, and less on alteratives than heretofore. Hypnotics have been brought into greater requisition, and their number has greatly increased, but whether for good or ill on the insane may be a debatable question. Indeed, so discouraging is the state of mental therapeutics, that alienists insist that there is no science in it, the chief reliance in the treatment of mental diseases being sanitation, sustaining food and medicines and hypnotics.

The reason for the disparity of progress between mental pathology and mental therapeutics is obvious enough. The two departments of study are distinct and separate. One does not lead into the other, extend it never so far. They may be compared to two parallel lines, which, though endless, never meet or intersect each other. When therapeutics is studied in its own special sphere, with the same minutiae and exactness that has characterized the study of pathology, then will progress be made. That sphere, it is needless to observe, comprehends the physiological effects of remedial agents or medicaments in large doses and small doses upon the healthy organism. Indispensable as this is to any degree of science in the treatment of any disease, it is infinitely more indispensable to the science of lurking diseases of the mind and nervous system.

CIVIL GOVERNMENT AND THE HEALERS OF THE SICK.

THE address of Dr. J. P. Dake at the World's Congress at Atlantic City, brought out some strong points on the power of the State to deal with healers of the sick, from which we make a few extracts:

The real question that now presses for our serious consideration, said Dr. Dake, is not whether the profession and people shall be denominatated by a "single board" of medical examiners or by two, or three boards, each representing a different school of medicine; nor is it, whether a license to attend upon the sick shall be based upon a college diploma or upon an examination by a politically-

appointed board; but the real question is, whether the citizen sick shall exercise his natural right to choose among citizen healers a medical attendant or not.

It is a great question of principle. If such a right has been swallowed up in the governmental prerogative—if the State can assume to determine who may bring the relief desired and who shall not—then it may do to talk about the machinery to be set up for the control of the practice of the art of healing under special laws. If the State is possessed of some infallible tests of skill in the healer, or of merit in modes and means of cure, so as to set up a medical standard and to exercise a censorship justly prescriptive and proscriptive in accordance with it, it may be time to consider in what way the censorship shall be exercised and by what form of medical catechism. And then the homeopath and the eclectic, the hydropath and the Christian scientist, the physico-medicalist, the faith curer and the hypnotist must each ask for a separate board of examiners, or for a safe representation on a single board. And here the inquiry is pertinent—What is to become of citizens and healers who have no confidence in and use for the methods and means represented by any one of the recognized boards? The better to judge of the nature and influence of a governmental censorship, let us glance backward a little along the line of history.

The lessons of experience are not to be disregarded; and reading them on the pages of history, or recalling them from our own memory, we must realize that their teaching is in favor of the greatest freedom for study and invention and against any arbitrary limitation of their scope and exercise in the domain of medicine. I do not hesitate to refer to the United States as presenting, before the efforts at medical regulation by special enactments, the fairest field for and best results of an unbridled spirit of invention and improvement in practical medicine. No country, in any age, can show a better record of important discoveries, of useful suggestions and of faithful applications made during the last hundred years, in the various departments of medicine and surgery, than may be observed in republican America. I can not pause to describe, nor even to enumerate the good things for which the medical world stands indebted to the physicians of the United States—they would fill a fair-sized volume. The advantages of a more thorough drill and of specialization on the part of medical men in the older countries, for a time caused our students to go abroad for additional scholastic and clinical training, but now there is no such need. We have schools and

hospitals to-day equal to any in the world. Widening our view, we observe some of the most important advances in the art of healing, all over the world, made by men unlicensed and in spite of licensing boards. I may mention the therapeutic uses of water by Priessnitz, of varied systematic movements by Ling, of prison and hospital management by Howard, and of camp sanitation by Florence Nightingale. Considering how many of the important agencies and methods now in vogue have come from obscure medical men and from persons never educated regularly if at all in medicine, we must consider the opinion of the celebrated Dr. Heberden as not altogether inappropriate at the present time. He said: "The practice of physic hath been more improved by the casual experiments of illiterate nations and the rash ones of vagabond quacks than by all the once-celebrated professors of it and the theoretic-teachers in the several schools of Europe, very few of whom have furnished us with one new medicine, or have taught us better to use our old ones, or have in any one instance at all improved the art of curing diseases." To be more specific, I will refer you to the condition of things in Italy and France where medical councils, with an authoritative censorship, have long held sway. When the Asiatic cholera was last in those countries, so worse than useless appeared the efforts of the orthodox practitioners, the people actually drove them from the houses of the sick with sticks and stones. The prayers of priests, the relics of saints and the pictures of the cross were preferred to all the regulation prescriptions of the most learned doctors of medicine. In the city of Naples, the distinguished homœopaths, Drs. Rubini and Cigliano, seeing the inefficiency of the authorized treatment and the great mortality among cholera subjects, in vain besought the king and his medical council to provide *camphor* for the people and to advertise its use.

Knowing how effective it was in their own hands, how few died who took it, and how bright had been its record in past epidemics of the cholera, they were urgent—but all to no purpose. The king was blinded by his medical council, and the council preferred to let the people die rather than be cured by an "irregular" method! Again, I would call your attention to the lack of confidence in the orthodox *materia medica* and *therapeutics* in countries governed by a medical censorship. Witness the eagerness of the profession, not to say the laity, to seize upon and employ an absurd "elixir," or to try a mysterious "lymph" before they could know its composition or have any reliable proofs of its virtue! Could medical men,

where governmental regulation is unknown, possibly do worse?

The celebrated Dr. Hufeland, of Germany, in the February number of his journal, 1830, made comments on the official unfairness toward homœopathy, and when his editorial was afterwards reproduced in a Hungarian paper, the following noble paragraph was stricken out by the royal Proto-medicus, Dr. Lenhoscek. Said Hufeland:

"No kind of despotism, no autocracy, no suppression of opinion; government itself has no right to interfere in scientific matters, either in preventing research, or in favoring exclusively one opinion; for both kinds of interference have done harm, as experience shows."

Professor Huxley, of England, at the opening of the medical school in the London Hospital, a few years ago, said:

"A large number of persons seem to be of the opinion that the State is bound to take care of the general public and see that it is protected against incompetent persons and quacks. I do not take that view. I think it much more wholesome for the public to take care of itself in this as in all other matters."

Professor Tyndall, of the same country, in a lecture at the Royal Institution, said:

"Never in the history of medicine was there so bright a dawn for the healing art as the present one, if scientific men are not hampered by mischievous legislation."

Mr. Herbert Spencer, another great English writer, in his *Social Statics*, says:

"There is a manifest analogy between committing to government guardianship the physical health of the people and committing to it their moral health. The two proceedings are equally reasonable, may be defended by similar arguments and must stand or fall together. . . . The fear that false doctrines may be instilled by unauthorized preachers has its analogue in the fear that unauthorized practitioners may give deleterious medicine or advice."

The Popular Science Monthly, the foremost scientific publication in America, says editorially:

"Individually liberty is abridged in many ways that seem to us essentially wrong. That the members of a particular profession should have laws passed in their special interest, and should be empowered to decide who may enter into competition with them is, we think, at once a violation of justice and of liberty. . . . Time was when it was supposed that the State had to look after the spiritual health of individuals, and for that purpose to prescribe their theological beliefs and religious observances. . . . How much of real quackery is now concealed by the license to practice it might distress a confiding public to know. Our voice may be as one crying in the wilderness, but we cry with conviction when we call for more individual liberty, with its correlative individual responsibility."

The Arena, one of the new and most enterprising of our American magazines, noticing the views of Mr. Spencer, quoted a moment ago, says editorially:

"There is already a healthy reaction taking place; the people have become alarmed at the wealth, power and au-

dacity of law-fortified trusts, monopolies and class-protected professions. The word is going forth that class legislation must not only cease, but the special privilege feature of existing laws must be eliminated. . . . Medical class legislation infringes on the dearest rights of the citizen, a right sacred as religious liberty—the right to choose whomsoever he desires to wait upon him in the solemn hour of sickness and death."

In conclusion, I will briefly summarize the provisions that the State may safely make for the protection of the citizen and increase of medical learning.

1. The State may properly prescribe the minimum of the branches to be taught in any college, the diploma of which is to be taken as some guaranty of the qualifications of medical men, called upon for State service. I say minimum, because there should be no limits to the maximum—the way being forever open to the introduction of that which is new and better.

2. The State should enact a law, requiring each healer of the sick, offering service to the people, to be registered in a book kept for public inspection by the clerk of his county, the register showing a statement made by the applicant under oath, giving his name, age, residence, time and place of study, college graduated from or attended, together with an account of medical societies affiliated with and of places at which he has been previously in practice.

3. The State should enact a law making it a misdemeanor for a practitioner to claim or display any title not earned and owned, as represented on the register.

4. The State should leave each healer of the sick free to select and apply the means of cure, subject only to the penalties of the common law, for malpractice.

5. The State should never presume to dictate to the citizen upon whom he shall call, nor what shall be his means of relief, in times of suffering and danger.

6. The State should thus enlighten her citizens as to what the healers of the sick have done to qualify themselves for practice, and then leave them forever free to exercise their own choice and bear their own responsibilities.

HENKEL and Scheible, the distinguished chemists, say that citric acid is a normal constituent of cow's milk. Sterilized condensed milk regularly deposits a sediment consisting almost entirely of calcium citrate. Scheible found that cow's milk contains 1.7 and 2 grams of citric acid in a liter, goat's milk 1 to 1.5 gram, and human milk about 0.6 gram.

ELECTRO HORTICULTURE.

FOLLOWING in the line of experiments abroad, more especially in France and England, a series of exceedingly interesting experiments and preliminary studies have been inaugurated at the "Agricultural Experiment Station" of Cornell University on the influence of the "Electric Arc Lamp" upon green-house plants. These experiments confirm those already made, that growth can be hastened by the addition of electric light to daylight; that injury does not necessarily follow continuous light throughout the twenty-four hours; that electric light often deepens the green of leaves, the tints and odors of flowers, and aids to produce good seeds. *Nature* commenting on these facts says, "The scientific interest of the present application of the electric light must rest mainly on the fact that the cycle of the transformation of energy engaged in plant life is now complete, and that starting from the energy stored up in vegetable fuel, we can run through the changes from heat to electricity, and thereon to light which we know we can store up in vegetable fuel again." Two or three important points are clearly brought out. First, that the electric light promotes assimilation, and second that the old theory that plants, like human beings, need rest at night is not true in the sense in which animals need rest. Plants have simply adapted themselves to the condition of alternating daylight and darkness, and during the day they assimilate or make the food and during the night, when assimilation must cease they use the food in growth. They simply practice an individual division of labor. There is no inherent reason why plants can not grow in full light and in fact they do grow then, although the greater part of the growth is at night. If light is continuous they grow more or less continuously as condition requires, as they do in the long days of the Arctic region. There is no doubt but in the future electricity will be the keynote of a progress in every department of labor and of science of which we have now not even the faintest conception.

KOCH'S LATEST THEORY.

PROFESSOR EHRLICH at the recent congress of hygiene and demography voiced the opinion of Koch, his intimate friend, on the present standing of tuberculin as a therapeutic agent. It will be seen that Koch has changed his opinion as to the action of the tuberculin, the original opinion being that the death of the tubercular tissue and the subsequent discharge of it with the

bacilli was curative. This he thinks now to be distinctly harmful and should be avoided. According to Koch's present opinion the principal of cure rests on the slight, but often rapid, local stimuli on the affected tissues produced by tuberculin in small doses giving rise to cicatrization of the tubercular centers rather than to the destruction of tissues. The former result is obtained by the long continued action of tuberculin in small doses, while the latter which should always be avoided, is the result of large doses producing a rapid destruction of tissue, exhaustion and death. Wherever successful results had been obtained they were always the result of repeated minute doses of tuberculin kept up with only at times slightly increased strength as long as indicated. It will be seen according to the present opinion of Koch and those best prepared by observation to speak intelligently upon the subject, when curative results have been obtained they have been produced by a careful individualization of the cases and by small doses, and that the pathological signs found as the result of the action of tuberculin, such as the destruction of tissues, have always been the result of large doses. The further we go in the investigation of tuberculin as a therapeutic agent, the more clearly is brought out that dual action of drugs in which the destructive action given in large doses and the curative action in minute doses, leads in the one case to recovery and in the other to destruction of tissue, inflammation and death. In tuberculin as in every other remedy, there is of course if success is obtained, a careful individualization of the case; with this and the proper amount of the dose we have a remedy of great power and likely to be of great benefit. It will be seen the indications for the drug and its action is to be studied along the lines so clearly established by Hahnemann, and which experience has shown to be the keynote of a scientific therapeutics.

THE Mississippi Valley Medical Association will hold its seventeenth annual meeting in St. Louis on October 14-16, 1891, and forty-nine papers are already announced to be read on the occasion. There is every reason for expecting a most interesting meeting.

WE are glad to see that Boerick & Tafel include in their list of tablet triturates, a very excellent list of compounds composed of two or more remedies, which have been tested and become favorites of different physicians.

FRUITS.

UEBER LAND UND MEER discourses very pleasantly of fruit as an article of diet, claiming that it contributes but little to the support of the system but a great deal towards its maintenance in health. As a general thing fruit contains little more than sugar and organic salts, the acidity giving them their characteristic taste and special aroma. The gelatinizing substance of fruit jellies is pectine, albumen and proteids, and the substance which enter into the structure of the animal organism are insignificant in quantity. There is as much albumen in an egg as in a pound of cherries, eighteen ounces of plums, two and a quarter pounds of apples or four pounds of pears. The flavor varies with the proportion of sugar, acid, gum and pectine. The last substance holds the acid concealed so that it is scarcely appreciable by the nerves of taste. The flavor of fruit depends further on the relation between its soluble and insoluble substances. To this is due the pleasant sensation we experience in the mouth when we eat fruit. The peach and the plum dissolve on the tongue because they are comparatively deficient in insoluble pectose and cellulose. Some people are very sensitive to fruit acids and can not indulge without being troubled with sores on the lips. It has been remarked that calculus is very rare in cider districts. Potash is secreted in the organism of the cider drinker, and acts on lime secretions like vichy water.

BRAIN SURGERY.

BRAIN SURGERY is becoming a very important factor in the treatment not only of epileptic convulsions but of various forms of insanity. Burkhardt has detailed, in the *Gazzetta degli Ospitali*, six cases of insanity, with marked hallucinations, which he subjected to operative treatment. In two cases he aimed to intersect the paths of association, which he thinks transmit the pathological impression coming from sensory parts and certain idiogenic areas of the brain. A portion of the frontal and parietal lobes, before and behind the ascending convolutions, were removed with very satisfactory results in one case, the other being still under treatment. In the other four cases the hallucinations were more or less acute. And in these cases the operator attacked the centers, through whose injury sensory and motor aphasia are produced, and removed part of the first temporal and the third frontal on the left side, with satisfactory results. It is possible with additional experience and a minute

study of the pathological changes seen in the brain after death, the knife may be the means of restoring to reason many cases now considered incurable. Possibly the mental inferiority of a portion of the negro race as they advance from childhood to more mature years, for in infancy they are generally as bright as the Caucasian, arises, primarily, from the thickness of the skull in the tropic climate, which was the cradle of their race, needed to protect the brain from the vertical heat of the sun, and in colder climates as the result partly of the law of heredity. And in the evolution of ages, as the race is brought more and more under the influence of civilization, these physical conditions may be so changed that the African race will rank in all the finer qualities of the brain and physical development side by side with the Caucasian. The world looks to the alienist, with his unequalled opportunity for brain study, for a solution of many of the mental and physical problems which torment alike the theologian and the physician.

D R. H. C. WOOD, in the *University Medical Magazine* for August, presents some very excellent suggestions, not by any means new however, on the treatment of dysentery from the standpoint of a local disease. Enemata of cold water are recommended, sufficient to wash out the rectum and the lower colon, to be followed by large enemata containing two or three drachms of subnitrate of bismuth. When the trouble is in the rectum, suppositories of ice have been of great service, and if there is much tenesmus, iodoform suppositories. When the movements are very bloody, mostly pure blood, suppositories are used containing twelve grams extract of ergot and four grams of iodoform every two hours, until four or five suppositories have been used. The local treatment is not intended to exclude the general treatment indicated, but it is thought aids materially in their curative action.

UNIVERSITY EXTENSION.—The College of Physicians and Surgeons, of Chicago, has provided that one year of the four years' course may be passed at home, the student pursuing a course of study marked out by the college and reporting weekly to the faculty. The studies prescribed include biology, physics and Latin. The details, as to the line of study, may be learned on application to the faculty. On paying the matriculatory fee of five dollars the student becomes a member of the college, and his studies are directed by the college. This is an important step in the right direction.

DR. EMMONS PAINE, the efficient Superintendent of the Westboro, Mass., Insane Hospital, has inaugurated a training-school of the nurses in the hospital, which is not only giving to the institution under his care but to the general public a class of thoroughly trained nurses, very much needed and which will be appreciated. Careful and intelligent nursing is often of more service than drugs, but when the intelligent and scientific physician and nurse are united in their work, the very best results obtainable from art and science in the sick room may be expected. Dr. Paine recently gave an exhibition to a few of his friends of the skill and efficiency of his nurses in the simple preparation of food. The nurses went through the operations of preparing mutton broth, boiled rice, tapioca cream and lemon sherbet; also the particularly interesting process of "boning" birds. Squab were thus prepared and, wrapped in oiled paper, delicately broiled over a fire, thus cooked making a dish that would force an appetite upon the most obstinate invalid. The broth had no oil floating on the surface, the rice was clean and white, the tapioca cream neither full of uncooked tapioca nor cooked too much. Special instruction was given in the manner of serving the food thus prepared to an invalid, with careful attention to certain little details that always go far toward smoothing not only the appetite but also the temper. This is work in the right direction and can not fail to result in good.

THE GEOGRAPHICAL DISTRIBUTION AND ETIOLOGY OF RICKETS.—Palm (*Practitioner*, October and November, 1890) reports facts observed by himself, and also obtained by correspondence with physicians in China, Japan, Thibet, Morocco and India. The disease would seem to be extremely rare in China. In Thibet it is practically unknown. In India it is rare, in some provinces almost unknown. In Ceylon it is very rarely seen. In Morocco it is also rare. In Japan well-marked cases of rickets are very uncommon, though the children are not as well nourished as in England. These facts disprove the view that there is a connection between rickets and syphilis. There is probably no country where syphilis abounds more than in Japan, yet rickets is rare. In Morocco syphilis abounds and rickets is absent. It appears, also, that countries grossly negligent of ordinary hygienic precautions, though they pay the penalty in other ways, are not scourged by rickets. The facts that the poorer classes suffer more than the rich, the town-born children more than those in the country, and those in large manufacturing towns more than in

small towns, point to conditions which are intensified by poverty and residence in large manufacturing cities. As to diet, the working-classes of Britain are certainly better fed than the teeming populations of China and India. The inhabitant of a crowded Chinese or Indian city, with its total disregard for cleanliness and sanitary precautions, does not compare favorably with the inhabitant of even poor and crowded districts of our large cities, with the exception that the atmosphere of the latter is smoke-laden and murky, while that of the former is clear and bright. The geographical distribution of the disease shows no relation to the presence or absence of lime-salts in the water. We are thus narrowed down to conditions which are aggravated by town-life, and especially among the poor. The most salient fact with regard to the climate of those countries which enjoy immunity from rickets is the abundant sunshine and clear sky. The author believes that this is a most important fact in the causation of the disease. In proof of his position he cites numbers of most interesting facts regarding the action of sunlight upon plants and animals. Another fact brought out by a study of the distribution of rickets is that a dry atmosphere is characteristic of non-rachitic areas, and that a wet soil and humid atmosphere are favorable to the prevalence of rickets.

THE PROPER TIME OF DAY IN WHICH TO OPERATE.—Surgeons have been divided in their opinion as to which part of the day is the most favorable for the performance and successful outcome of operations. The *British Medical Journal* discusses the matter in a recent number, stating that the advocates of morning operations assert that the patient is thereby saved the suspense of waiting until the afternoon, and that a better supply of sunlight or its equivalent can be depended on. Others, instead, say that morning operations imply an anxious and sleepless night for the patient, and that as night comes on more rapidly when the operation is performed in the afternoon, better chances for the patient's rest and sleep are secured. They also state that long operations seriously tax a surgeon's nerves and strength, and that for that reason the afternoon is preferable. In this respect, remarks the *International Journal of Surgery*, we can not altogether agree with them, thinking that by morning operations the surgeon secures the time at which he is best provided with muscular and nervous force, that have not been exhausted by the forenoon's work. We are also inclined to think that whether the operation be done early or late, its influence upon the previous night is about

equal in either case. Those who operate frequently in the afternoon know the discomfort of finishing their operations by artificial light.

The *British Journal* states that wherever freedom from noise and plenty of warmth can be procured, especially in summer, morning is probably the best time. We are inclined to think that, as darkness comes early in winter, morning operations are also indicated at that season.

A SURGICAL USE OF ANTS.—Ants have very powerful jaws, considering the size of their bodies, and, therefore, their method of fighting is by biting. They will bite one another, and hold on with a wonderful grip of their jaws, even after their legs have been bitten off by other ants. Sometimes six or eight ants will be clinging with a death grip to one another, making a peculiar spectacle, and some with half of the body gone. One singular fact is that the grip of an ant's jaw is retained even after the body has been bitten off, and nothing but the head remains. This knowledge is possessed by a certain tribe of Indians, in Brazil, who put the ants to a very peculiar use. When an Indian gets a gash cut in his hand, instead of having his hand sewed together, as physicians do in this country, he procures five or six large ants, and holding their heads near the gash, they bring their jaws together in biting the flesh, and thus pull the two sides of the gash together. Then the Indian pinches off the bodies of the ants and leaves their heads clinging to the gash, which is held together until the wound is perfectly healed.

A PROSEXIA IN CHILDREN.—This is a term revived by Professor Guye, of Amsterdam, who was one of the first to call attention to these cases. Its meaning is "heedlessness," and is applied to the condition of impaired faculty of attention and observation, seen in certain children. These children, with the onset of slight deafness, become dull mentally, and retrograde in mental capacity to a marked degree. It is found that in such cases there is almost invariably present an overgrowth of the lymphoid tissue of the pharynx, commonly known as "adenoids." Pressure of these growths upon the orifice of the eustachian tube accounts for the deafness, which is generally relieved by their removal. At the same time there is improvement of the mental capacity far in excess of the improvement in hearing. The symptoms accompanying this condition are, as a rule, not urgent. There is a tendency to mouth-breathing and a habit of snoring at night. The child has headaches, and frequently a sleepy, vacant expression.

It is well known that both the intracranial, venous, and lymphatic systems are in direct communication with those of the nose and naso-pharynx. It is probable that interference with the circulation by these adenoid vegetations results in malnutrition, expressing itself in the condition of aprosexia.

SIGN OF THE MENOPAUSE.—Naphey, in his well-known work on "The Physical Life of Woman," records a very curious observation. He says: "In the change of life the first sign is visible at the lower part of the back of the neck, on a level with the bones known as the two lower cervical vertebrae. There commences an accumulation of fat which often grows to form two distinct prominences, and is an infallible index of the period of a woman's life." This has been frequently observed and it is an anatomical fact well worth remembering.

THE new college building of the Cleveland Medical College was recently opened at the commencement of its regular course of instruction by appropriate exercises, in the presence of the trustees, faculty, students and the friends of the institution, which filled the building with an enthusiastic audience.

The building is a large one, of brick, three stories high, finished in Norway spruce and hard woods. There is an abundance of light and ventilation. The amphitheater occupies two stories, and will comfortably seat 200 students. In addition there are etherizing rooms, waiting rooms, janitors' rooms, and a room for the faculty, all connected with electric bells. In the amphitheater was exhibited a large assortment of valuable surgical and gynecological instruments, presented by a lady friend of the college.

The class already numbers seventy-three students, composed of both sexes, and is so rapidly filling up that the faculty are confident there will be at least one hundred students before the end of the session.

LACTATION INDUCED BY MASSAGE.—A parturient patient of Dr. Mensinga, of Flensburg (*Der Frauenarzt*, Feb., 1891), had never been able to suckle her children properly. On this occasion the breasts were quite undeveloped; the practice of allowing the child to suck the dry nipples caused the mother great nervous irritation. Massage was practiced, the breasts steadily increased, and on the seventh day the child was suckled. Early in February the mother was still suckling her child, and both were doing well.

WITHIN the past few years a flood of light has been thrown upon physical diseases, the result of psychical shock, by an examination of animals who have died in consequence of capture. The effect of great nervous shock seen first in excitement followed by depression and anorexia, may give rise to pathological changes such as hemorrhage, inaction of the liver, catarrhal conditions from the fact that the nervous disturbance interfering with the process of nutrition give rise to the ptomaines and leucomaines, which by a change of molecules of living and dead tissue reproduce the effects of almost every vegetable poison in the world. Jaundice after fright in which the liver is paralyzed in its action is a very common occurrence. The psychical condition of every patient suffering from wasting disease can not be too closely studied, for possibly in some psychical shock from grief, fear, shame or rage the clue can be reached, to the physical disturbances and a knowledge of the probable pathological condition may lead to a cure.

VACCINATING WITH STEEL PENS.—To avoid the danger of communicable diseases, a French army surgeon, Dr. H. Marechal, has imagined an ingenious device, well adapted to the use of practitioners having numerous vaccinations to perform. Considering the difficulty of rapidly insuring the cleanliness of a lancet, he has hit upon the idea of having a new instrument for each patient, and for the purpose has found steel pens cheapest and most convenient. He recommends the unfinished steel pen,—that is, the form before the slit had been cut in, which, in this country, can be purchased from manufacturers at about seven cents a hundred. All that is necessary is to sharpen one side on a grindstone. The work can be done in a very short time, and thus each patient may be vaccinated with an instrument which, having been used on no one else, will be sure to impart no contagion. Of course, bovine virus alone will do, else all precaution would be vain.

RECOVERY AFTER A WEEK OF TOTAL ANURIA.—At a meeting of the medical society of the Paris hospitals, M. Féreol related a case of a man who, having inherited gout, had, on two occasions within two months, had attacks of suppression of urine lasting twenty-four hours, preceded by lumbar pains and hematuria, and followed by the emission of clear non-albuminous urine and a small calculus. A third attack had lasted for eight days, and during that week he only passed a few drops of urine. Then the anuria

ceased abruptly, and within twenty-four hours he passed over ten quarts of watery urine containing $\frac{1}{2}$ per cent. of urea, or six ounces in the twenty-four hours. At the same time he passed a uric acid calculus the size of a pea and several smaller ones. During the week of anuria he had only slight pain in the right side, and the bladder was empty. But there had been evidence of uremia, as during the last two days there was slowing of pulse to 52, lowering of temperature (37°C) in the rectum, mydriasis, and a "subjective sensation of an ammoniacal odor in the urine." Sixteen days later the patient was in fair health, save for slight lumbar pain and the daily passage of uric acid gravel. M. Hayem thought the case was opposed to the generally accepted view that an adult secrets in three days enough urinary poison to kill him.

TEST FOR COCAINE.—It is frequently desirable to ascertain whether a certain preparation does or does not contain cocaine in any form, and in such cases the following method is stated to give very satisfactory results. The cocaine salt, or whatever may be the substance or residue supposed to contain this alkaloid, is first purified or concentrated by any of the ordinary methods, until a dry or nearly dry residue is obtained likely to be pretty rich in cocaine, if the latter is really present. A few minimis of fuming nitric acid having been added, the magma is cautiously evaporated to dryness. The residue (in a small test-tube, capsule or watch glass) is then stirred with two or three drops of a very strong alcoholic solution of potassa and slightly warmed. If any trace of cocaine be present, a very characteristic odor will be observed which greatly resembles that of oil peppermint.

THE UNIVERSITY MEDICAL SCHOOL WANTS ENDOWMENT.—Dr. Loomis says that the medical department of the N. Y. University has reached the utmost limit of success under its present conditions. Rich New Yorkers ought to give money to this institution rather than to hospitals. The school can not raise its standard to what it should be, because then it would lose about 30 per cent. of students, whom it needs for its support, hence it is compelled to retain its low standard or conduct the institution at a financial loss. This is a frank statement by one who knows. If it be true of the University of New York, what must be true of other smaller and far poorer and less firmly established institutions? Necessarily, their standard is lower still.

ETHER-DRINKING IN NORWAY.—We learn from *Sundhetsbladet*, a Norwegian health journal published in Christiania, that with the falling off in the consumption of alcoholic intoxicants, ether-drinking is becoming quite common in certain districts. The farmers buy it in considerable quantities, especially at Christmas time and on other festive occasions, and they treat each other and get drunk in the same way that they formerly did on potato or barley brandy. It is said to be drunk by young and old, men and women, in the palatial homes of the wealthy and the miserable hovels of the poor. We had supposed that ether-drinking was almost wholly confined to Ireland, in certain parts of which it has long been a national vice, and we were hardly prepared to hear that it had enslaved the stern and hardy dweller in the land of the midnight sun.

INCOMPATIBILITY OF CALOMEL AND ANTIPYRINE.—The list of incompatibles of antipyrine have not hitherto included calomel, but that the combination is a dangerous one is indicated by the fact that the death of a child has been reported in this city, the fatal result taking place within a short time after the administration of a dose containing the two substances. The precise nature of the change has not been elucidated.

THE DRIFT OF THE MEDICAL PROFESSION.

THE *American Lancet* has forcibly pointed out that medical sects are drifting into union with the medical profession. That this opinion is well based is shown by the passage of the following very significant resolutions at the late International Homœopathic Congress :

Whereas, As the proceedings and papers of the Fourth Quinquennial Homœopathic Convention conclusively show that the practice of homœopathy by educated medical men and women has obtained a firm foothold in every civilized country on the globe; and, whereas, notwithstanding the untold obstacles and opposition it has encountered, homœopathy has steadily advanced in professional and public estimation, until now at the close of nearly a hundred years of incessant and desperate struggle with its foes, and with the repressive influence of the laws, its future is (humanely speaking) assured: therefore, be it, resolved, that this International Convention would respectfully suggest to the non-homœopathic portion of the medical profession the question, whether the time has not yet arrived when the policy of professional ostracism and legislative repression may not, with advantage, be abandoned as a needless discredit to our loved profession, and as a method of controversy which is daily becoming more and more unpopular and ineffective. Resolved, that we earnestly suggest that the questions that now divide the medical profession into offensive and defensive factions can never reach a solution, except through those methods of observation, experiment and logic, which form the only effectual resort in all other departments of human knowledge.

The chief obstacle to union is not a difference of therapeutic views as claimed by the *New Orleans Medical Jour-*

nal, but the use of a sectarian title for advertising purposes. The unethical folly and absurdity of such titles was recognized by Hahnemann ere he saddled himself with mesmeric mysticism. He then forcibly denounced the evils of medical sectarianism in his "Lesser Writings" as follows:

"The rallying motto of a sectarian name is incapable of exciting to sober, calm, scientific investigations; it only rouses the explosive spirit of accusations of heresy to a fierce, volcanic flame. Truth and weal of humanity should be the only motto of the genuine elucidators of the art, and the watchword of the brotherly, peaceful bond of reunion, without slavish adherence to any sectarian leader, if we would not see the little good that we know completely sacrificed to party spirit and discord."

So far as the code is concerned this use of a sectarian title forms the only obstacle to union. It is a significant fact that it was legally decided long ere the New York "code," that legal graduates of a homœopathic college, abandoning their sectarian title, could compel admission to New York county medical societies. Several graduates of homœopathic colleges were thus admitted. These county societies sent unchallenged delegates to the American Medical Association. The Association of Medical Superintendents of Insane Hospitals has for the last two decades contained homœopathic members, but its delegates to the American Medical Association have always been unchallenged. The *Medical Standard* commented some years ago on the Chicago tendency to union evident in the organization of the Englewood Union. This tendency has spread further. The lately organized South Side Medical Club includes in its membership, homœopathists, eclectics and even satellites of the "father of the American Medical Association." The overtures made by the International Homœopathic Congress are therefore the outcome of a growing sentiment that the use of a sectarian title has benefited only advertising quacks at the expense of reputable medical men.—*Medical Standard*.

BIBLIOGRAPHICAL.

SYLLABUS OF THE OBSTETRICAL LECTURES IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA. By Richard C. Norris, A. M., M. D. Second Edition. Philadelphia: W. B. Saunders, 1891. Price, \$2 00.

This book has been prepared to meet the difficulty of accurate note taking which, with those unaccustomed to the work, is often unsatisfactory. The author has succeeded admirably in presenting such a logical and conscientious outline as to relieve the student from note taking and to aid him to classify the knowledge obtained through textbooks or in the lecture room.

PULMONARY CONSUMPTION A NERVOUS DISEASE. By Thomas J. Mays, M. D. Is the last issue of the Physicians' Library Series. Published by Geo. S. Davis, Detroit. Price, 25 cents.

The author says in his preface: "Prompted by the hope, long deferred, that a knowledge of the tubercle bacillus would accomplish for phthisis what the germ idea had done for practical surgery, the medical profession eagerly and frankly accepted and thoroughly tested it; yet he who takes a calm and impartial retrospect of the whole situation must own that never an *ignis fatuus* pursued which left more promises broken and greater anticipations unfulfilled than the bacillus theory, in so far as it stands related to the therapeutics of this disease."

"With this conviction, the neurotic theory of pulmonary

consumption, propounded in the following pages, is submitted to the critical consideration of the medical profession in the belief that it explains most if not all the varied and apparently opposing phenomena constantly observed in this disease, and also that it serves the practical purpose of pointing out the means and methods by which it is to be rationally and successfully treated." The little work will be found interesting and instructive reading, and possibly cast some light on the treatment of a disease which has been the *bête noir* of our profession.

TABLES FOR DOCTOR AND DRUGGIST. Including 1. Solubilities. 2. Reaction and Incompatibles. 3. Doses and Uses. 4. Specific Gravities. 5. Poisons and Antidotes. Detroit: Geo. S. Davis, Publisher. Price, \$3 00.

The title fully expresses the nature of the work. To the druggist and the physician the information will be of almost daily use.

P. Blakiston, Son & Co. publish a little volume containing 3,000 questions arranged for self-examination, with proper reference to standard works, in which the correct reply will be found, which will be sent to any student on the receipt of ten cents to cover postage. This is directly in the line of university extension discussed in our August leader. Every other leaf is blank, to admit of notes.

In view of the present timeliness of the subject, *The Century* has arranged to print during the coming year an important series of articles on the general subject of Agriculture and the Government's relation to the farmer. Among the topics to be treated are "Agricultural Possibilities of the United States," "The Farmer's Discontent," "What the Government is doing for the Farmer," "Co-operation," etc. Mr. J. R. Dodge, Statistician of the Agricultural Department, Mr. A. W. Harris, of the same department, Professor Brewer of Yale, and others, are among the writers.

The Century has had in preparation for a year or two a series of illustrated articles on "The Jews in New York," written by Dr. Richard Wheatley. They deal with many phases of the subject, including occupations, festivals and feasts, family life and customs, charities, clubs, amusements, education, etc. Dr. Wheatley has gathered the material for these papers in long and close study, and he has had the assistance of several well-known Hebrews.

CORRESPONDENCE.

STATE SOCIETY.

The Fortieth Semi-Annual Meeting of the Homeopathic Medical Society of the State of New York was held in Buffalo, September 15th and 16th. The location was favorable for a good meeting. Buffalo people are hospitable and are justly proud of their beautiful city. To a casual observer the clock of life so far as physicians are concerned seems to move along with imperceptible friction. How delightful would be the practice of medicine in our respective homes if this were *true* everywhere. Alas! however, petty strifes for money power and fame are so great, in the competition they say all sorts of naughty things are done by some regardless of the individual reputation of others or of the organization to which they owe their standing.

Dr. F. Park Lewis, the president of the State society, is doing good work in attempting to make the society democratic and a representative body, a position it formerly occupied. We think we noted a determination on the part of the members in the west to take a hand in running the so-

cietiy in the interest of *all* rather than for a few or for the support of any journal, as the organization at present indicates. We think the *members* are determined there shall not be *any county society* but rather a body of the *WHOLE*!

The meeting at Buffalo was a marked success for a semi-annual. There were many distinguished surgeons and physicians present. Of course Dr. Wm. Tod Helmuth is always a central figure—and justly so. Whenever he speaks it is easy to see that he has within his fertile brain the latest thought on the subject in hand. We were peculiarly fortunate in having with us Prof. H. F. Biggar, a distinguished surgeon connected with the Cleveland Homeopathic Hospital College, and Prof. N. Schneider of equal fame of the Cleveland Medical College. The discussions therefore in the bureaus of surgery and gynaecology were of particular interest handled by such representative surgeons. Dr. Thos. Y. Kinne, president of the American Institute, was there in a happy frame of mind, and a very large man for a small town, who would be proportionately large (intellectually) in any city. Dr. A. S. Couch, of Fredericksburg, might have been seen conspicuous on the floor at the banquet.

Of especial interest to the homeopathic school of medicine at large was the organization of the *National Association of Surgeons and Gynaecologists of the Homeopathic School of Medicine*. Dr. Wm. Tod Helmuth was made chairman, Dr. J. M. Lee, of Rochester, secretary; Drs. M. O. Terry, J. M. Lee, and H. C. Frost were appointed a committee to draft the constitution and by-laws to be presented at the meeting to be held in Washington, D. C., at the time of the convention of the American Institute. An *advisory committee* was also selected, consisting of Drs. Helmuth, Schneider and Biggar.

M. O. T.

AN OPEN LETTER TO PROF. AUSTIN FLINT, JR., M.D.

AUGUST 6, 1891.

PROF. FLINT:

Dear Sir,—To-day I received the thirty-first annual announcement of the Bellevue Hospital Medical College, the Faculty of which you are secretary—hence my reason for addressing you.

Under the head of requirements for graduation, condition 3d, I find these expressions: "The Faculty desire it to be understood that the only courses of lectures recognized are those taken at regularly organized colleges empowered to confer the degree of M. D. The tickets and diplomas of Eclectic Homeopathic or Botanic colleges, or of colleges devoted to any peculiar system of medicine, are considered irregular and will not be recognized under any circumstances." "Candidates who are graduates of other accredited colleges are examined," etc., etc.

I desire to know in the interest of science and humanity, why homeopathic colleges are not "accredited," not "regularly organized" and as much empowered to confer the degree of M. D. as the sectarian institution of which you are a scintillating luminary, or all other sectarian allopathic colleges which teach, as you well know, very little of medicine as a science.

What motive could you have had in sending me your sectarian announcement in which it is stated that "certificates from preceptors who assume to be practitioners of any peculiar system of medicine will not be received under any circumstances?" Are you much annoyed by certificates from practitioners of homeopathy?

You and your ilk ought to know that homeopathic colleges are "accredited" by about 12,000 intelligent physicians in the United States, whose success in the treatment of disease neither you nor none of your so-called "regular" graduates can measure up to. You certainly do know, to your sorrow, that they are "accredited" by a large portion of the more intelligent laity of nearly every community in

this country and of most civilized countries of the earth; that the homœopathic system of therapeutics is of a scientific character while your own allopathic system, if it be a system at all, is acknowledged by your most prominent men to be mere empiricism. As you well know, Dr. H. C. Wood, one of your shining lights says in the preface to his therapeutics, "The old and tried method in therapeutics is that of empiricism, or, if the term sound harsh, of clinical experience." He further says, "Therapeutics developed in this manner can not, however, rest upon a secure foundation. What to-day is believed is-to-morrow to be cast aside, certainly has been the law of advancement and seemingly must continue to be so." Continuing, he says, "What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that quinine will arrest an intermittent (arrest is good) that sauits will purge and that opium will quiet pain and lull to sleep."

You ought to know that all the progress made in your school since the days of Galen, nearly 2,000 years ago, has been either in pathology, hygiene and surgery or towards homœopathy.

Piffard, a prominent dermatologist of your school, has openly declared that when he wants a reliable preparation of mercury he uses the homœopathic one. Piffard also says, "The connection and relationship between the so-called physiological action of drugs and their therapeutic employment is a question that of late years has assumed considerable importance and one that in the near future will probably invite still more thorough investigation. At present the well ascertained facts bearing on these points are too few in number to warrant any general indication that can be extensively utilized in practice. We know, for instance, that arsenic, which during the last fifty years has been more extensively used in the treatment of skin diseases than almost any other drug is credited, by many competent observers, with the power of also causing cutaneous eruptions. Iodide of potassium, likewise an antihematogenous drug is found useful in certain cutaneous lesions."

In Dr. Symond's "Encyclopaedia of Practical Medicine," Vol. IV, page 375—we have these words: "Upon this ground we are disposed to suggest the use of strychnine in tetanus; not that we have become followers of Hahnemann but that it is a simple and undeniable fact that disorders are occasionally removed by remedies which have the power of also producing similar affections." Fine homœopathy you must admit.

Coming to a later day we have an allopathist, Dr. Reed of Atlantic City, proclaiming as his original discovery that podophyllin $\frac{1}{2}$ to $\frac{1}{16}$ gr., dissolved in water and given in teaspoonful doses every few hours is good for infantile diarrhoea. Now, even an allopathist ought to know that that is purely homœopathic treatment, very crude I admit, but still homœopathic. The only hitch will be when he meets a case that podophyllin will not cure, he will not know why, while a homœopathist, guided by a law of nature, can tell before-hand whether podophyllin is the remedy. No guess work, no empiricism in homœopathy.

Dr. Aulde, allopathist, of Philadelphia, has been proclaiming to his fellow gropers in the caverns of empiricism that arsenite of copper is good for abdominal neuralgia, enteritis, etc. Well, homœopathists have been using that remedy for the same ailment for thirty-five years at least. Another shouter, whose name escapes me now, has acknowledged that "our wayward homœopathic brother (?) has not been so far wrong all these years in administering merc. sol., which is nothing but bichloride of mercury, in dysentery." Well, excusing his ignorance in asserting merc. sol. and bichloride to be the same, he has also made a discovery which was made by Hahnemann in 1827.

Facts like these, which your school has either stolen from us or stumbled upon at a late day, would be suggestive to any but minds so steeped in empiricism that they are hope-

lessly lost to the process of inductive reasoning—the mother of science. In a pretentious and portentous work of your school, Reynold's "System of Medicine," Vol. II., page 209, in speaking of pneumonia, Wilson Fox, M. D., F. R. C. P., says: "The treatment thus indicated (bleeding) continued in use with more or less freedom in this country until attention was forcibly drawn by Dr. Balfour to the lesser mortality in Skoda's practice, and also in some of the homœopathic hospitals where bleeding had been for some time discontinued." "Lesser mortality" is the point, "for that are we doctors."

In the same vol., page 352, you will find the following: "The homœopathists have made their fortunes in no small degree by their treatment of pleurisy. . . .

It only requires more work and more purloining in the same line—more Bartholow's, Phillips's and Ringer's and your school will discover homœopathy and Hahnemann will be canonized.

You call us "irregulars" and yourselves "regulars." Regular means according to rule. What rule, please, when ten prominent men of your school—youself included—give as many different prescriptions for a case for which ten prominent homœopathists all prescribed the same remedy? The fact is, that your irregularity is so well-known that no one expects even two allopathists to prescribe the same remedy in a given case. The confessions from prominent men of your school should shame you into dropping the word "regular." Dr. H. C. Wood, of your school says: "To establish therapeutic facts the profession clings as with the heart and hand of one man—clings with a desperation and unanimity whose intensity is the unsatisfied desire for something fixed. Yet with what a babel of discordant voices does it celebrate its 2,000 years of experience. This is so well known, that it seems superfluous to cite examples of the therapeutic discord; one only shall be mentioned, namely, rheumatism. In this disease, bleeding, nitrate of potash, quinine, mercurials, flying blisters, purgation, opium, the bromides, veratris, and a host of other remedies all have their advocates clamorous for a hearing; and above all the tumult are heard the trumpet tones of a Chambers, 'Wrap your patients in blankets and let them alone.'" From the time when "a certain woman suffered many things of many physicians" till to-day your school is the same. Your own Prof. Wood further says: "Experience is said to be the mother of wisdom. Verily, she has been in medicine rather a blind leader of the blind, and the history of medical progress is the history of men groping in the darkness finding seeming gems of truth one after another, only in a few minutes to cast each back into the vast heap of forgotten baubles that in their day had also been mistaken for verities." He had not yet heard of Koch's lymph, Brown-Séquard's elixir, the injection into the rectum of sulphured hydrogen for consumption, the many antipyretics, phenacetine, etc., which have been "a nine days' wonder," but are being discarded and denounced by the best men in your school. Dr. Oliver Wendall Holmes, a brilliant satellite of your school says: "With the exception of morphine and sulphuric ether, I firmly believe that if the whole *materia medica* could be sunk to the bottom of the sea it would be all the better for mankind and all the worse for the fishes." From Dr. J. Mason Good, who is generally conceded to have been one of the most celebrated physicians, accomplished linguists and noteworthy authors of his day, we have the following: "The science of medicine is a miserable jargon and the effects of our medicines upon the human system in the highest degree uncertain, except that they have already destroyed more lives than war, pestilence and famine combined." Bichat, speaking of medicine, says: "It is not a science for a methodical mind, it is a shapeless assemblage of inaccurate ideas, of observations often puerile, of deceptive remedies and formulas as fantastically conceived as they are tediously arranged."

That your school is not "regular" the above quotations amply prove, and from the testimony adduced one can but wonder how any intelligent mind can justify the existence of such monstrous wrong to humanity. My own opinion is that were it not for the ignorance and marvelous credulity of the laity in matters medical your institutions could not stand a day.

In the daily press one frequently sees allusions to the marvelous progress in medical science, and your school is pleased to foster the delusion in the public mind. I challenge disproof of the assertion that, in the therapeutic department—i. e., in the use of drugs as curative agents—no progress has been made and no method determined, outside of homoeopathy, which can furnish a rule or guide for its successful repetition. In empiricism there is no progress and can be none. Empiricism must cease before progress can begin. Your school glories in the fact that it is not bound by any law; neither is a ship at sea without a helm or compass. Progress is *always* according to law. Without a law there is no science. In any science we have two series of phenomena and a law of relationship. In homoeopathy the phenomena on one side are the drug symptoms as produced on the healthy human being, on the other the disease symptoms as they arise from natural causes and the law of relationship is that of similarity. That is the science of therapeutics—the practice of the future as certainly as day follows night.

It is a sad thing for contemplation that a man of your signal ability as a physiologist and diagnostician, who, from work in these fields, has won the respect of all intelligent physicians, should yet be so wedded to an empirical therapeutics as to fail to see or acknowledge the truth of homoeopathy. But charity must allow that after a man has spent a life time studying any particular error it is hard for him to acknowledge to the world that he has been wrong, that life has been a failure and his work has been pernicious. Some have done it, but they are few. The sentiment of the majority in your school is about as follows:

"Believe as we believe, no more, no less,
That we are right, and nothing less confess;
By the Code of Ethics and its mandates we abide
And concede such other things as with it coincide,
Think ye as we think, and do as we do
And then and only then we'll fellowship with you."

"That we are right and always right we know,
For the 'assembled wisdom of ages' tells us so;
And to be right is simply this, to be
Entirely and in all respects as we,
To deviate a hair's breadth or begin
To question, or to doubt, or hesitate, is sin."

"Twere better that the sick should die than live,
Unless they take the medicine we give;
Let sink the drowning if he will not swim
Upon the plank that we throw out to him;
Twere better that the world stand still than move
In any other way than that which we approve."

Yours respectfully,
G. W. HARMAN, M. D.

Newark, N. J.

To the Editors of the NEW YORK MEDICAL TIMES:

In looking over my hasty notes in the last issue of the TIMES about T. F. A., I am constrained to enlarge a little upon that extraordinary acknowledgment with which he ushered in his address at the International Congress, as reported in the *Medical Era*. Did any one ever hear of a man of science standing up before his fellows and declaring that he "stood aghast"—"speechless with horror"—in view of necessary, legitimate developments in his own particular department of investigation? Is it conceivable that the progress of *genuine* science, in any direction whatever, if unopposed, can result in anything but what is beneficial and gratifying? Did the learned professor intend to hold out the fearful prospect that, in a century or two,

when homoeopathy shall be the only practice, every physician will have to spend his whole time, to the exclusion of all other studies, in ransacking the "inexhaustible mine of health-giving remedies"—thus realizing Hufeland's prediction that Hahnemann would prove the grave of science? But then Allen adds the assurance that others will undertake the task of predigesting these raw materials. Very well—if this can be done, what is there to "stand aghast" at? Perhaps the expression was used thoughtlessly, or in order to magnify the importance of his subject. In this case, it merely shows what sort of spirit actuates the speaker, and how far he is fitted for the position he claims to occupy.

Yours truly,

G. L. FREEMAN.

CHICAGO, September 7, 1891.

To the Editors of the NEW YORK MEDICAL TIMES:

In your last issue you quote Dr. Bryce, of the *Southern Clinic*, as accidentally curing cystitis by means of "neuro-lactis." I have observed the same result in two cases, and I can now explain why it cures. I have ascertained that the three drugs, which compose this medicine, are mixed with a decoction of *triticum repens*. This drug is used as a vehicle to disguise the bitterness of the others. Now *triticum* is one of the most efficient remedies for simple cystitis. It acts as a sedative to the mucous membrane of the bladder, and not only relieves the pain but lessens the catarrhal discharge.

Some of the worst cases of chronic cystitis I ever treated were cured in a few weeks by the use of the following formula:

B	Fl. ext. corn silk.....	i
" "	mitchella repens.....	i
	Decoction triticum	vi

A tablespoonful every four hours.

One particular intractable case which was not cured by injections of arg. nit., boric acid and other drugs, was cured in three weeks by the fl. ext. china aphiila, fifteen drops in a tablespoonful decoction of triticum.

TRANSLATIONS, GLEANINGS, ETC.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Electricity in Skin and Venereal Diseases.—Dr. John V. Shoemaker (*Med. Bulletin*, Oct., 1889) uses all three forms of electricity, galvanic, faradic and static. He says that hypertrophies of the skin, such as corns, horns, callosities, scales, cicatrices and the like, are often removed by the daily application of the static spark over the diseased surface.

The tendency to repeated blind boils is often aborted by strong sparks. Acne-marks, hard papules, sluggish lymphatic glands and similar disorders are readily removed or largely benefited by drawing repeated sparks from the region affected. In eczema and psoriasis static electricity is of much service. Much of the roughness of the skin in scrofulosis is removed by Franklinism and the general condition greatly improved.

In hyperidrosis of the feet or hands thorough Franklinism is extremely valuable, as it is also in the intolerable burning and itching of these parts in persons advanced in life. He says that several cases of ringworm have undoubtedly been checked, and in two instances the painful lesions caused by the "guinea-worm" has been cured; the parasite being killed by strong and continuous static sparks.

In chronic eczema and psoriasis he thinks there is no agent of greater service than the dry application of gal-

vanism. It is specially indicated when the eczema is consequent on stomach or liver disorder, the positive pole being applied to the epigastrium and the negative to the affected skin. The lateral progress of erysipelas is frequently checked by galvanism. The anode is applied stable in the center of the patch, while the cathode is applied around its circumference. The current should not be given strong enough to produce muscular contraction; about five to ten milliamperes may be safely given. Boils and carbuncles may be averted in cases subject to them by galvanism if the disorganization has not gone too far.

Galvanism is indicated in psoriasis due to nervous depression. In herpes simplex or herpes zoster a mild but continued galvanism will relieve the burning and prostration, and is also curative or palliative in rhus toxicodendron and allied poisoning. Many cases of baldness that have not responded to the whole array of hair tonics have responded favorably to galvanism. Galvanism always relieves the itching of nettle rash and sometimes shortens its duration. In cases of obstinate gleet not dependent on narrowing of the canal, tender spots can be detected and at these localities the mucous lining is more or less destroyed. In such cases the stimulant effect of the galvanic current is energetic in healing the part even when deep excavations are present.

The faradic current is often useful for the same affections that static is also when the galvanic current seems to be indicated, but does not have the desired effect if a preliminary treatment with the faradic current will cause the constant to take effect.

Nothing is more serviceable in chilblains than the faradic current. It relieves the burning at the time of recurrence, and at the same time breaks up the tendency to return.

The doctor states that many skin diseases are contagious, and we should, therefore, be very careful about our electrodes. They should first be washed in hot water and then in some antiseptic solution after they have been used.

The Mechanical Treatment of Chronic Dyspepsia.—Dr. Cseri, of Buda Pesth, publishes in the *Wiener Med. Wochenschrift* an account of a mechanical plan of treatment of chronic dyspepsia, which he has lately been carrying out with favorable results. The plan consists mainly in suitable dieting and in a peculiar kind of massage. The author practises the latter when the stomach is full, about two or three hours after dinner. Changing frequently his mode of proceeding, he strokes and kneads the stomach from the fundus towards the pylorus, first gently and superficially, then more energetically, for ten or fifteen minutes, the patient lying on his back with his legs drawn up and breathing with his mouth open. During the last few minutes the massage is extended to the bowels. The manipulation is neither painful nor disagreeable, but is very well borne. The patients experience after the massage a feeling of warmth and comfort; occasionally they feel sleepy, but the fullness and feeling of weight have generally disappeared. After a few days they are in better spirits, all fear of coming cardialgia being entirely banished from their minds. The immediate result of this kind of massage is, that the stomach is freed from the many gases which are continually being generated there, and this alone produces a great feeling of relief. The hour for the massage is chosen because it is the time when part of the already chymified ingesta begins to enter the duodenum from the healthy stomach. In dyspepsia the stomach is generally sluggish, and either the quantity or quality of its secretion is impaired, and consequently chymification or peristaltic motion, or both, are insufficient. It is also known that mechanical stimulation of the stomach may increase its secretion, and the author considers himself justified in concluding that massage increases in this way the process of digestion. He also finds that at the same time, either through neuromuscular or true pathological change, muscular power in-

creases, and the massage, no doubt in a purely mechanical way, helps to advance the stomachic contents into the duodenum. The rapid cure of pains and general malaise after eating in cases of nervous dyspepsia is explained by the fact that the manipulation dilates the pylorus, so that after a few days it offers no impediment to the food passing through it. The whole of this most interesting paper may be found in the *Lancet*.

Salicylate of Lithia in Rheumatism.—Dr. Vulpian states that salicylate of lithia is more efficacious than the salicylate of soda in cases of acute and progressive subacute articular rheumatism. It also has some effect in chronic cases when a certain number of the joints are still deformed, swollen, and painful. Four to four and one-half grammes, and even five grammes may be given in a day. If the improvement is not lasting, fifty centigrammes may be added to the daily dose. Sometimes when the dose is increased to five or five and one-half grammes, symptoms of intolerance begin to be shown. Salicylate of lithia may be given dissolved in water, in powder, or in unleavened bread, during or after meals, in doses of fifty centigrammes. The physiological effects of the drug are headache, giddiness, and deafness.

Methyl-Violet for Trachoma.—After these many years a specific for trachoma has apparently been found, and it is so simple that any person can apply it. Dr. Flavel B. Tiffany (*Jour. Am. Med. Association*) says in cases of this disease, when treatment can not be continued, on account of patients being obliged to return home, "it has become my custom to prescribe a bottle of methyl-violet (1:50), to be used three times daily, and invariably these cases have gone on to recovery without any relapses; the medicine never acts as an irritant."

Hot Water in the Treatment of Hemorrhoids.—Dr. Alvin, of St. Etienne (*Paris Medical*), uses very hot water against the algic symptoms caused by turgescence of the hemorrhoids, such as pain, itching, tenesmus, contraction of the anal sphincter, etc. The mode of application is very simple. It is sufficient to place on the anal regions a sponge provided with a handle and soaked in water at 50° or 60° c. This application has to be renewed five or six times in each sitting, until the patient experiences a somewhat strong irritation. Drying is effected by means of a fine linen cloth, avoiding all friction. Three or four sittings of this kind should be given every day, preferably after every stool or attempt at defecation. By this very simple process Dr. Alvin claims to have obtained most remarkable results. After twenty-four hours of treatment a considerable alleviation was observed. A few days later the protuberances become soft and are gradually reduced. After a month the swellings disappear almost entirely and anal contraction decreases in noticeable proportion.

Urea for Insect Stings.—W. A. Terry writes, in the *Dietetic Gazette*, that his attention having been recently called to the use of ammonia for insect stings, he is reminded of a remedy discovered by him many years ago, which proved entirely effectual, whereas ammonia and other popular remedies had proved ineffectual. The discovery consisted simply in the application of fresh urine, applied freely by saturating a portion of a pocket-handkerchief, for instance. He relates having afforded prompt relief by this means in a very serious case of hornet stinging. The author thinks the active agent in antidoting the venom is urea. He mentions two cases of snake poisoning reported to him by an intelligent man as having been antidoted by splitting portions of the snakes open and applying to the wound. The author attributes the remedial action to the urea present in the contents of the intestines of the reptiles.

Small-Pox and Tuberculosis.—A new cure for consumption is suggested by a letter in the *British Medical Journal* for January 24th. The writer is A. G. Lawrence, M. D., of Chepstow, and it is sent to the *Journal* and vouched for by Dr. Broadbent. According to this, small-pox virus appears

to be curative even in the last stages of consumption, and so far superior to Dr. Koch's fluid. Here are the cases: The patients, both young men, when in the last stages of pulmonary consumption, with large vomices and great emaciation. They were both attacked with small-pox of a virulent type, with very high temperatures. In each case they were well nursed and supported, and fed hourly with liquid nourishment and brandy, and both recovered from the small-pox, and at once the pulmonary symptoms disappeared. The patients laid on flesh, and are now the living images of health.

The *Hom. World* suggests that here is a new possibility for variolinum. Our anti-vaccinationist friends should make something of this. If we had more small-pox we might have fewer diseases of a worse kind. We never heard of vaccination curing consumption, so in this respect small-pox is distinctly superior to its reputed antidote.

When Shall we Operate for Cataract and Strabismus in Children?—Dr. Charles M. Shields, in a paper read before the Virginia Medical Society (*Va. Med. Jour.*, Oct., 1890) thought the earlier the operation for cataract in children the better the result, for the following reasons:

1. In the young the eye is more tolerant of surgical procedures.
2. The child is given all the benefit in gaining education that vision secures.
3. The permanent visual results are better than would be obtained at later age.

As to the age for operation in strabismus, he thought that usually suggested (six or seven years) early enough in alternating squint, as vision in either eye does not suffer from delay; but where the strabismus is confined to one eye, the monolateral form, the earlier the patient is operated on the better. In this form of squint vision is constantly suppressed in one eye, and amblyopia from disuse results, making the eye useless. The operation should be performed in the monolateral variety as early as it is recognized.

Nature and Treatment of Eczema.—At the fifty-eighth session of the British Medical Association held at Birmingham, August 1st, 1890, M. Unna read a very important paper on the above subject (*La France Med.; Southern Clinic*).

Unna regards eczema as a chronic catarrh of the skin, of parasitic origin, with desquamation, itching, and a tendency of the skin to respond to irritations with exudations and pronounced inflammation.

Treatment should fulfill two indications: First, attack immediately the cause of the disease by antiparasitic treatment.

Secondly, transform the epidermis into a less favorable soil for the development of the germ. The best therapeutic agents in the treatment of eczema are those which fulfill both indications at the same time.

The radical treatment would consist in destroying all the germs which exist in the depth of the skin, which is impossible to accomplish immediately. However, it is not necessary to regard eczema as an incurable affection. The disappearance of the eczematous efflorescence is not always a definite sign of cure, but this cure can always be obtained by the continued and prolonged employment of specific treatment.

Unna designates a number of forms of chronic eczema which have their own peculiar types. The therapeutics of all these various forms varies with each individual case. The author only desires to consider seborrhœic eczema which is the most common form. Seborrhœic eczema commences as a desquamative erythema which resembles pityriasis and may continue to present this appearance, or may be transformed into an exudative eczema or finally

into a crusty psoriasisiform eruption; vesicles seldom appear except under the influence of external irritation.

In treatment the principal object is to destroy the specific agent, at the same time avoiding the production of an artificial inflammation of the skin. A really irritant treatment is not necessary even in the most chronic or scaly varieties. The doses need only be sufficient to produce a thinning of the horny layers.

When inflammation and exudation are intense mild specific agents should be employed, such as oxides of zinc and lead, sulphur, resorcin in the form of powder, lotions, ointments and glycerine jelly.

When inflammation is less pronounced and the exudation is slight, we can resort to more energetic agents, such as chrysarobin, pyrogallic acid, tar, oxide of mercury in the form of ointment, plasters and especially impermeable poultices.

Arsenic is the only drug which acts internally with some efficacy upon seborrhœic eczema, especially the dry forms. All other general agents act upon the intestine, kidneys, uterus or some other organ in reflex relation with the skin.

All régimes, all baths except those of sublimate, can only be considered as adjuvants of real specific treatment.

In the search for new remedies for eczema we should above all things watch their action upon the organism in general and take care that, be it by themselves or by their products of oxidation, they do not provoke irritating effects upon the skin.

Method of Rendering Sponges Aseptic.—Peren in the *Revue Gen. De Clinique et de Therapeutique*, October 10, 1889, gives the following method for the preparation of septic sponges. They are to be pounded with a wooden mallet and afterward carefully soaked in plenty of pure water. Following this, the sponges are placed in a bath of hydrochloric acid of the strength of one per cent. in order to dissolve out thoroughly calcareous particles, and when this is accomplished they are inserted into a jar containing a solution of potassium permanganate, in which they remain six hours. For blanching they are submitted to the action of a solution containing bisulphite of soda in the proportion of 150 grains to a quart of water. Finally, all these processes being completed, they are placed in one of the following solutions for preservation:

B	Carbolic acid.....	15 grains.
	Alcohol.....	1½ drachms.
	Water.....	1 quart.
Or,		
B	Thymol.....	15 grains.
	Alcohol.....	1½ drachms.
	Water.....	1 quart.

Colored Audition (Alfred Binet, *Revue Philosophique*, June, 1891).—To describe colored hearing in its habitual form, we should say that it consists of the fact that letters, words and phrases appear to have a color. This color, the shade of which is sometimes determined with precision, remains, in general, constant for each letter and each word; thus there are many persons who declare that the letter *A* is red, the *E* gray, the *I* black and so on. We must not, as it appears to me, attach too much importance to the nature of the color selected for each letter; for if this color is always the same for one person, it varies much in various persons. We may say, in general, that there are two letters, the *A* and the *I*, of which one presents a red color, or a black color. Sometimes one is red and the other is black. Apart from these two letters, I think that the color of other letters is so variable that we can not formulate a general rule about them. Frequently a word pronounced awakens a much more vivid idea of color than the same word read to one's self; the height of the voice has a great influence on the quality of the color; loud sounds give an idea of bright colors, low sounds of dark colors. I think that colored

hearing can not be considered a physiological phenomenon. Neither can you properly say of those in whom colored audition is displayed, that they have false sensations of colors. A great number of persons have simply the idea, the mental representation, of a color, *apropos* of those sounds which are most often distinctly uttered; they never confound these ideas with present sensations. Moreover, the mode of suggestion of color by certain sounds is, in some cases, of a quite special character. The subject has the consciousness of a relation between certain letters, certain words and certain shades of color; he finds in their union a harmony which satisfies him. The *I*, for example, which gives him an idea of red, appears to him logically connected with that color, while the physical union of *I* with blue, as, for instance, an *I* written with a blue pencil, makes on him an impression which is unpleasant, and sometimes even painful. It is not, in my opinion, a phenomenon of the senses, consisting of an awakening of false sensations; the operation is more complex, more intellectual than that.

Chromic Acid as a Caustic.—A writer in the *Medical Mirror* believes the cleanest, the least painful and altogether the most desirable caustic we have is chromic acid. It should be applied very carefully; being very deliquescent it rapidly spreads, pervading more territory than we wish, unless we are very careful.

It produces an eschar which at no time is accompanied by pain, and which clings as closely as a brother to the tissues beneath, and when finally it drops off the parts beneath are usually healed, the scab having remained as a protector as long as required.

Motor Aphasia.—Dejerine (*Le Prog. Med.*) says that a series of studies for several years shows three distinct varieties. The first is characterized by the destruction of the motor-center for language and is well-known clinically. In the second variety, the patient has lost the power of voluntary speech, but can repeat phrases and can sing. The third form, the sub-cortical motor aphasia of Léchterin, is characterized by the destruction of the fibers which go from the cortex to bulb nuclei. Here the patient can not express himself in words, but has preserved their motor images, so that he can give as many gestures as the word he wishes to speak contains syllables. He has examined, post mortem, two cases of this kind. The cortex of the left hemisphere was intact, and did not contain granular bodies. The subjacent part to the convolution of Broca was intact to its base. Below this was found a small center of softening, cutting the fibers coming from the convolution of Broca. These two autopsies show the existence and individuality of sub-cortical motor aphasia. M. Laborde said that independent of the anatomopathological proofs, which might be called negative, there exist others which are purely physiological, and are shown by the study of the brains of well-known men. The comparison of the brain of Gambetta, for instance, with those of very intelligent men, but not so great orators, carries conviction as to the function of the third frontal convolution.—(T. M. S.)

Immunity Against Tetanus.—Vaillard (*Le Prog. Med.*) says that a first attack of tetanus does not confer immunity; it rather seems to communicate to the cured animals a greater sensibility to the action of the tetanic poison. But by the aid of the poison itself they can be protected from another attack. For this effect it is necessary to inject, several times, several days apart, into the blood and under the skin, 20 c.c. of a liquid sterilized by filtration through porous earth, and kept for one hour at heat of 60°. The same result can be obtained by employing an active culture alive with spores, and also heated to 60°, which proves that in both cases, the soluble product elaborated by the bacillus

alone acts in producing the immunity. A temperature of 65° destroys the toxic power of the tetanic poison, and immunity is no longer produced. It would appear then that heat causes the culture of the tetanic microbe to lose part of its virulence; on the other hand to obtain immunity, the poison must still be active. He recalls the fact that experiments had shown that the trichloride of iodine produced also this immunity, but he had not obtained this result. But he had been able to inject more than a fatal dose of the culture, without serious results, by rising immediately afterwards an injection of the trichloride of iodine.—(T. M. S.)

Special Alteration of the Hepatic Cells.—Dubief and Brühl (*Le Prog. Med.*) have observed a peculiar condition in these cells in a guinea-pig who died within twenty-four hours after an injection of a strong culture of the bacillus of Loeffler. Microscopically the liver presented lesions consisting of pale spots, irregularly limited; upon section they showed under the form of islands, disseminated. Microscopically, there were seen at the side of healthy portions of the liver, small hyaline masses, formed of cells, a round formed mass occupying almost the entire, with a contour slightly festooned, with a refraction very nearly like the rest of the organ. The mass had a homogeneous appearance, but contained neither granulations, nor fatty acid crystals. It was not stained by any of the usual reagents (carmine, picric acid, aniline, nor fat reagents). It was surrounded by a slight band of protoplasm with a concentric nucleus. At a further stage this alteration might end in the destruction of the cell, and small centers of necrotic tissue. This alteration presented neither the reactions of fatty degeneration nor colloid. It is without doubt a special degeneration, possibly a variety of vitreous degeneration which may be under the influence of the diphtheritic poison.—(T. M. S.)

Suppurative Anglocholitis.—Charrin and Roger (*Le Prog. Med.*) have reproduced experimentally, in the rabbit, a suppurative inflammation of the bile ducts, by injection of a pure culture of the bacillus identical with the bacterium coli, found in the case of a man suffering with this condition. The rabbit died more or less speedily in accordance with the intensity of the culture employed. The autopsy showed the biliary vesicle to be full of puss and the liver presenting miliary abscesses which were developed around the biliary passages. In animals permitted to live long enough there was found a multilobular sclerosis. With stronger injections there were produced much more intense diffuse lesions; intra-lobular abscesses and necrosis of the cells of the liver. The bacterium coli plays then a prevailing rôle in angiocholitis, and the injections of a pure culture of this isolated organism reproduces the type of the clinical affection.—(T. M. S.)

The Early Treatment of Otitis.—Dr. Samuel Sexton (*Medical Record*) makes some timely suggestion as to the early management of cases of acute inflammation in the attic region, especially in children. As the invasion of the disease is rapid, so the remedy should be sure and swift; no stabbing the drum-head in the dark, or fruitless incision into the canal. If the patient is a child, have it narcotized, and then examine the ear carefully, under illumination with the electric headlight, worn on the forehead of the surgeon. Do not wait for days for spontaneous rupture, while injury may be done to deeper parts by extension of the inflammation, but, with the patient etherized, if a child or nervous adult, make an incision, with a slender but strong paracentesis-knife, through the membrana flaccida well into the attic. Immediate relief follows the liberation of the pent-up secretions. If the operation is done promptly, usually no further treatment is necessary.

MISCELLANY.

—Dr. Weir reports, as the results of extensive experiments in the New York Hospital with the new cancer remedy "pyoxtannin," that it has no effect in controlling the disease.

—The physicians employed by the Board of Health to visit the tenements during the summer ceased their work September 5th, having visited during the two months over thirty thousand houses and families.

—The summer mortality in this city has been unusually low the past summer, representing an annual death rate of only about 22.72 to the 1,000.

—Any one can practice medicine in Connecticut, no license being required.

—Two boys were lately on exhibition in Berlin who are joined at the waist, and have but one set of lower organs and limbs between them. They are thirteen years old, but can not walk, for the one thin pair of legs will not support the weight of their two bodies. One boy likes sweets, the other does not; one plays tricks with cards, the other draws. They have quite different tastes, and, strange to say, they sometimes quarrel as the Siamese twins did. The latter were merely joined by a thick band of muscle and cartilage, which many think might have been divided without much danger; but the two boys having vital organs in common can not be disjoined, and the only wonder is that they have lived so long in their present condition.

—Ovary-ache does not necessarily mean ovarian disease any more than headache means brain disease.

—The greatest public institution in South America is the Hospital de Caridad, at Montevideo. No expense is spared to make it the model hospital of the world, and it probably has few equals and no superiors. Every applicant needing treatment is at once admitted, whether rich or poor, and without regard to nativity or creed, yet, owing to the immensity of the building, it is never overcrowded. Its annual income exceeds \$2,500,000, mostly derived from the sale of lottery tickets.

—The Glenmary Home, under the medical direction of Dr. Amos L. Givens, promises a quiet retreat for the insane, a home for the nervous and a sanitarium for the victims of alcohol and opium. The Home is large and roomy, and located in a beautiful park in Owego, Tioga Co. Dr. Givens has been peculiarly successful in the treatment in the various forms of nervous diseases, and of narcotic and alcoholic poisoning, entrusted to his care.

—The doctors of Berlin have agreed that in future their coachmen shall wear white hats, so that a doctor's carriage may always be immediately distinguishable, and the public enabled to summon medical aid from the streets in urgent cases. A corporation ordinance has been adopted giving them the right of way in all cases.

—Mlle. Louise Gautier, a young French lady, deaf and dumb from birth, has nevertheless passed with honor all the examinations of the École des Beaux arts in Paris, receiving not only her diploma but an appointment as teacher. She was taught by the Grosslin system both to read the lips and to speak, so that her infirmity, it is said, is hardly noticeable.

—A writer in the *Annals of Hygiene*, for March, 1891, compares the methods of living of prominent men above sixty years of age, in Europe and America, and reaches the conclusion that banqueting in public life in this country is the enemy to old age. A man of sixty who does not materially modify his life at forty so as to avoid all excitement, to live slowly, and to have plenty of rest, is doing himself an injustice that is likely at any moment to prove fatal.

—During the progress of the Hyderabad experiment (says the *Hospital Gazette*), several female monkeys were fitted with apparatus to resemble the feminine corset, and chloroform administered. Two died promptly, and the others were saved with difficulty.

—It is stated that an immense improvement has recently been effected in the manufacture of glass for optical instruments, by means of the addition to the ordinary materials of phosphorus and chlorine, which in some, as yet unexplained, way, cause the glass to be very much more transparent, and enable it to receive a much higher degree of polish than any optical glass hitherto manufactured. Thus microscopes can be made which will render objects of the diameter of only the one eight-millionth of a millimeter visible, whereas with the best instruments now in use the diameter of the smallest object that can be seen is one sixteen-thousandth of a millimeter.

—A health officer of Barcelona was examining a woman of the town, but, after passing the speculum, could see nothing of the uterus, although its existence had been proved by the birth of two children. Noticing his perplexity, the patient, a lively young French woman, said with the utmost nonchalance: "You won't find what you are looking for down there, Señor; I have two passages with one entrance, and you have taken the wrong turning—permit me." A little maneuver, and there was the os plainly enough! A more exact examination showed that she had a double vagina, the septum a thin lax membrane, with which she could deftly shunt the speculum into a cul-de-sac or on the uterus at will. And, then, after entreating that her secret should not be disclosed, she explained with engaging frankness the advantages of this novel arrangement: "You must know there is a young fellow who adores me; for him I reserve the true passage. Do you think I would allow any one else to enter there? No, Señor, I respect myself too much. But the other is at the service of my friends, there they may innocently divert themselves as much as they please."

—Dust is the great conveyer of micro-organisms. At 2 A. M., when a city is most quiet, the fewest germs are to be found in the air; at 8 A. M., the industry of domestic servants and dustmen has already made the air teem with germs. At 2 P. M., the proportion has again greatly fallen; at 7 P. M., it is once more high, for many houses are being "tidied up;" besides sundry kitchen operations are unhygienic. Thus the "small hours," unfavorable in many respects to patients hovering between life and death, are the least septic of the twenty-four. The day proportions indicate that household duties cause more septic diffusion than is excited by traffic and industry.

—Prof. Bartholow directs in muscular rheumatism that milk and all saccharine substances be excluded from the diet.

—An Illinois correspondent of the *Medical World* mentions, among other "obstetric curiosities," the case of an American lady, the mother of five children, who never required any assistance during labor, has always cut and tied the cord herself; never would allow any one in the room until after all was over; never had any bad luck, but always got up strong and well and was always a great worker.

—Under the patronage of the Prince of Wales and the Empress Frederick, a movement has been started in London which is designed to procure the abatement of the smoke-nuisance, and consequently the death rate in the metropolis. The boon thus offered consists in the adoption of a fuel which is claimed to be absolutely smokeless, at a price which will not exceed that of ordinary fuel. The materials used are stated to be small coal, pitch and a certain mineral, which are all mixed together in a disintegrator and then moulded into cubes under pressure of two tons to the square inch.